

Thank you for your interest in the **New Hampshire Humane Society Puppy Love and Cat Tales Program**. Please complete this application and return to the attention of:

Volunteer Manager: Tamara Saxby
NHHS P.O. Box 572, Laconia NH 03247.

Questions about this program can be directed to **(603) 524-3252 x309**.

The Puppy Love Program is for young people ages 8-15. Participants must be accompanied by an adult at least 21 years old. Attendance at a Puppy Love Training is required. Only puppies designated by staff as part of the Puppy Love Program may be handled by the participants. Participants and their parent/guardian will be contacted by email when puppies are available to be walked/socialized etc. NHHS facilitates transports that typically include puppies approximately once a month.

The Cat Tales Program is for young people ages 5-12. Participants must be accompanied by an adult at least 21 years old. Attendance at a Cat Tales informational session is required. The Cat Tales Program is available Thursdays 12-7, Fridays 12-5, and Sundays 10-2.

Print legibly in blue or black ink

CHILDS NAME: _____ AGE: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian NAME: _____

If address is different from above please print below:

TELEPHONE NUMBER (HOME): _____ (WORK): _____

CELLULAR PHONE NUMBER _____

E-MAIL ADDRESS _____

If you as parent/guardian are allowing a friend/family member to act as adult partner for the program please print the name of your assigned representative below and sign.

I give permission for _____ to act as Puppy Love/Cat Tales Program(circle one or both programs) adult partner for my child

_____.

Parent/ Guardian Signature

Date