



# NH Humane Society

Over a century of love for those without a voice.

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 Coordinator Sam Stevens**  
**NHHS, P.O. Box 572, Laconia NH 03247.**

**APPLICATION FEES: There is an application fee of \$10 per family.**

**This fee assists in offsetting costs of the volunteer program and in continuation of our mission.**

Questions about this program can be directed to **(603) 524-3252 x 306** or [Sam@nhhumane.org](mailto:Sam@nhhumane.org)

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 12-5, Fridays 12-5, Saturdays 12-4, and Sundays 10-4.

**Print legibly in blue or black ink**

CHILDS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PROGRAM (please specify Cat Tales, Puppy Love or both) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Parent/Guardian NAME: \_\_\_\_\_

If address is different from above please print below:

\_\_\_\_\_  
PHONE NUMBER (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (CELL): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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



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New Hampshire Humane Society  
1305 Meredith Center Road Laconia NH 03246  
TELEPHONE: 603-524-3252 FAX: 603-524-9539  
[www.nhhumane.org](http://www.nhhumane.org)

I hereby release New Hampshire Humane Society (NHHS) and all municipal agencies whose property and/or personnel are used and other sponsoring, or hosting individuals from responsibility for any injuries or damages I, or my child may suffer as a result of my/his/her participation in NHHS Puppy Love Program and/or Cat Tales Program and any tours/interactions at the facility/or interactions with any/all of the animals residing at the organization located at 1305 Meredith Center Road, Laconia New Hampshire.

I give permission for my child to be photographed during the visit and agree that the image may be used for public relations and promotion. The image may be used to accompany any press releases sent from NHHS, and on the society website [www.nhhumane.org](http://www.nhhumane.org)

PLEASE PRINT

Child's name \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Signature of individual (if over 18) \_\_\_\_\_

Mailing address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_