



Application/Wait List Request

If you are interested in becoming a Pawprints volunteer, please complete the following form. Completed requests will be placed on the Pawprints waitlist. If a space in the program becomes available, one of the Pawprints Program Coordinators will contact you to request a completed application.

Owner's Name _____ Date: _____

Owner's Phone Number(s) _____

Owner's Email Address None _____

*How do you prefer to be contacted? Phone Email

Dog's Call Name _____ Dog's Sex Male Female

Breed _____ Dog's Age _____

Dog has: CGC (Canine Good Citizen certificate)

OR

Registration with a therapy dog organization

Which organization? _____

***Note:** Dogs must be at least 2 years old and have a CGC or be registered with a therapy dog organization to be considered for the Pawprints Program.

What days/times would you be available to volunteer? _____

***Note:** Teams must commit to volunteering twice a month for a period of at least one year. Visits are scheduled Tuesday-Friday during business hours.

Please attach a photocopy of the CGC or therapy dog organization registration and a photo of your dog to this form. Incomplete forms cannot be processed and will not be added to the Pawprints wait list.

Please send completed forms to:
Pawprints Dog Visitation Program
Center for Families (FA 134)
Children's Hospital Boston
300 Longwood Ave.
Boston, MA 02115

If you have any questions, the Pawprints Program Coordinators can be reached in the Center for Families at 617-355-6279.