

MOOSOMIN / SAULTEAUX FIRST NATION - COCHIN SASKATCHWAN

DATES: MAY 27th, 28th & 29th 2016

NAME: _____ **PHONE #:** _____ **EMAIL:** _____

DATES ATTENDING CLINIC:

Please indicate in spaces provided with an X, dates attending, shifts available and if you require a hotel and which nights. We request that anyone wanting to volunteer can commit to at least a total of one full day; we reserve the right to decline any application. Availability is based on a first come, first serve basis.

FRI **MAY 27th** _____ SHIFT 8am - noon _____ 1-8 _____

SAT **MAY 28th** _____ SHIFT 8am – noon _____ 1-8 _____

SUN **MAY 29th** _____ SHIFT 8am – noon _____ 1-6 _____

* Please ensure that you are available for the whole shift that you have indicated. If you are not available for the full shift, please indicate so and we will try our best to accommodate you.

Hotel needed for (dates/nights): _____

Room/Travelling Partner(s) _____

* CAP sets aside a block of hotel rooms for each clinic, and is given a special (reduced) rate, this year we will be paying for medical staff rooms. We would appreciate if people would be able to share rooms as to cut down on costs. (We ask for this information to ensure you are scheduled together)

Please check one of the following:

VETERINARIAN _____

RVT _____

VMA _____

Other: _____

Are you currently employed at a clinic? Yes _____ No _____

If yes, name of clinic _____

Are you fully licensed in Canada? Yes _____ No _____

License Number _____ **License Organization** _____

If you are a vet, what is your comfort level in spaying and neutering?

Are you comfortable with spaying large dogs that are could be pregnant?

If you are a tech, what are you comfortable doing? (pre-med calculations and administration, surgery prep/induction, anesthesia monitoring, autoclave)

If you are a vet assistant, what does your regular job entail?

Additional comments: _____
