



jjsecondchancesmallholdings.com

Animal Interaction Application Form

Personal Information:

1. Full Name: _____ Nickname _____
2. Date of Birth: _____ Age: _____
3. Gender: _____
4. Address: _____
5. City: _____ State/Province: _____
6. Zip/Postal Code: _____ Country: _____
7. Phone Number: _____ Email: _____

Emergency Contact:

8. Full Name: _____
9. Relationship to Applicant: _____
10. Phone Number: _____ Email: _____

Animal Interaction Experience:

11. Please describe any previous experience you have had with animals (e.g., pets at home, volunteer work, etc.):

12. What interests you about interacting with animals?

13. Are there specific animals you are particularly interested in interacting with? If yes, please specify:

14. Do you have any fears or concerns related to interacting with animals? If yes, please specify:

Health and Safety:

15. Do you have any allergies to animals or related substances? If yes, please specify:

16. Are there any medical conditions or disabilities we should be aware of? If yes, please specify:

17. Are you currently taking any medications? If yes, please list:

18. Have you been vaccinated against tetanus? If yes, please provide the date of the last vaccination:

Declaration:

By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that participation in animal interactions may involve certain risks, and I agree to adhere to any guidelines or instructions provided by the organizers.

Applicant's Signature: _____ Date: _____

Guardians Signature: _____ Date: _____

Guardians printed name: _____

Please provide any additional information or special instructions that may be relevant to your application for animal interaction.

Staff Member Signature: _____ Date: _____