

Golden Retriever Club of South Australia Inc
CARING CANINE COMPANIONS®



Community Visitors Scheme

VISITOR INFORMATION UPDATE 2021

PERSONAL DETAILS

Surname: (Dr Mr,Mrs,Ms,Miss) _____ First Name: _____

Postal Address: _____

Email Address: _____

Are you happy to receive all communications by email? YES/NO

Phone Numbers: Home: _____ Mobile: _____

Date / Year Commenced with Caring Canine Companions: _____

AGED CARE FACILITY VISITED

Name & Address: _____

_____ When do you visit? : _____

Name & Address: _____

_____ When do you visit? : _____

Name & Address: _____

_____ When do you visit? : _____

BANK DETAILS (if “Out of Pocket” Expenses are required).

BSB: _____ Account No: _____

Bank: _____ Account Name: _____

DOG'S DETAILS

Dog 1: -Name: _____ Breed: _____

Age: _____ Microchip No: _____

In the last year has your dog had a Vet Health Check? : YES/NO

Has your dog been vaccinated? : YES/NO. Has your dog been wormed? : YES/NO

Dog 2: -Name: _____ Breed: _____

Age: _____ Microchip No: _____

In the last year has your dog had a Vet Health Check? : YES/NO

Has your dog been vaccinated? : YES/NO. Has your dog been wormed? : YES/NO

Dog 3: -Name: _____ Breed: _____

Age: _____ Microchip No: _____

In the last year has your dog had a Vet Health Check? : YES/NO

Has your dog been vaccinated? : YES/NO. Has your dog been wormed? : YES/NO

To qualify as a CVS Volunteer Visitor, under normal circumstances, please commit to visiting one Aged Care Facility at least 20 times a year.

Signed: _____ **Date:** _____

