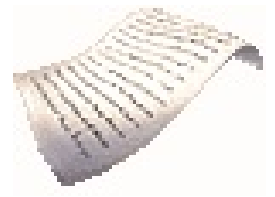


CAN-AM CROWN VETERINARY ASSISTANT



Name: _____

Phone: _____

Address: _____

E-mail: _____

Date: _____

Veterinary Experience: _____

Sled Dog Experience: _____

What would you like to get from your experience volunteering at the Can-Am Crown?

Please indicate your level of experience and comfort with the following:

(0 indicates no experience, 5 indicates very experienced)

	0	1	2	3	4	5
Working in field conditions	0	1	2	3	4	5
Handling dogs	0	1	2	3	4	5
Handling nervous dogs	0	1	2	3	4	5
Handling aggressive dogs	0	1	2	3	4	5
Giving medications	0	1	2	3	4	5
Giving injections SQ	0	1	2	3	4	5
Giving injections IM	0	1	2	3	4	5
Giving injections IV	0	1	2	3	4	5
Placing IV catheters	0	1	2	3	4	5
Using treatment sheets	0	1	2	3	4	5
Obtaining TPRs	0	1	2	3	4	5
Applying bandages	0	1	2	3	4	5
Familiar with routine vaccines	0	1	2	3	4	5
Understand spoken French	0	1	2	3	4	5
Speak French	0	1	2	3	4	5

Scroll to next page for mailing address ↓

CAN-AM CROWN VETERINARY ASSISTANT

Anyone volunteering for the first time as a Can-Am Crown veterinary assistant should fill out this form and mail it to:

Nicholas Pesut, VMD
P.O. Box 352
Presque Isle Animal Hospital
Presque Isle, ME 04769

The Chief Veterinarian will use the information to determine what veterinary help is needed at each checkpoint, based on the skills of the assistants.