THE VERMONT ANIMAL CRUELTY TASK FORCE
The Vermont Humane Federation • The Vermont Department of Agriculture
The Vermont Veterinary Medical Association • The Vermont Sheriffs' Association
The Vermont Farm Bureau • The Vermont League of Cities and Towns
The Humane Society of the United States' New England Regional Office
The Vermont Department of Social and Rehabilitation Services • Spring Hill Horse Rescue
The Rutland City Police Department • The Vermont Police Chiefs' Association

Vermont Animal Cruelty Response Network Membership Application

Mail: HSUS, PO Box 619, Jacksonville, VT 05342; Fax: 802-368-2756

Date _____ **Name** _____

Occupation _____ **How long?** _____

Organization _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone (w) _____ (h) _____ **Cell** _____

E-mail_____ **Pager** _____

Professional Skills/Training _____

_____

_____

When would you be available to help? (Check all that apply)

☐Days ☐Evenings ☐Weekend Days ☐Weekend Evenings ☐Any

Does your organization have any equipment/supplies you could make available during a cruelty investigation and/or seizure? (ex. animal carriers, leashes, horse trailer, etc.)

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Please check off assignments that you would be willing and qualified to perform:

☐Professional consultation to lead investigating agency

☐Hands-on assistance during an investigation and/or seizure

- ☐Administrative Support (photography, record keeping, etc.)
- ☐Animal Handling (☐domestic ☐exotic ☐farm ☐wildlife ☐all)
- *Are you vaccinated against rabies?* ☐Yes ☐ No
- ☐Animal Transport (please specify type and number of animals)

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- ☐Animal Care and Housing Pending a Court Case (please specify type and number of animals)
  - ☐Animal Care Facility ☐Foster Home

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