



Leave of Absence Request

Name of Volunteer: _____

Name of pet: _____

Facility: _____

Team Lead: _____

Date leave of absence starts: _____

Date leave of absence finishes: _____

Reason: (ie maternity, school) _____

Please note that if the leave of absence is for longer than 3 months, than all pets will need to be rescreened before resuming visiting.

Please contact the office prior to resuming your visiting.