



Greeting Program Application

(ALL INFORMATION WILL REMAIN CONFIDENTIAL)

PERSONAL INFORMATION

| | |
|---|---|
| First Name: | Last Name: |
| Street Address: | City: |
| Zip Code: | Home Phone: |
| Cell Phone: | Date of Birth: |
| Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Primary Care Physician: | Primary Care Physician Phone: |
| Primary Hospital: | Primary Hospital Phone: |

EMERGENCY/HOSPITALIZATION CONTACT INFORMATION

| | |
|---|-------------|
| Name: | Address: |
| City: | Zip Code: |
| Relationship: | Home Phone: |
| Cell Phone: | Work Phone: |
| Do they have a key to your home? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a key hidden outside your home for Law Enforcement use? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please describe the location of the key: | |
| Please list major health concerns, disabilities or further comments: | |

OTHER INFORMATION

| | |
|---|---|
| Do you drive? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please list make and model: |
| License Plate Number: | Color of Vehicle: |
| Do you own a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what breed of dog? |
| Is the dog friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is the dog <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Both |
| Do you have a house alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, please provide the code: |