

PET THERAPY OF THE OZARKS, INC

APPLICATION FOR WORKSHOP/ THERAPY PET EVALUATION

Complete the following application to be placed on the waiting list for the next "Pawsitive" Workshop and temperament evaluation, to be held in February & March and August & September of each year. We have the most need for volunteers who will commit to regular monthly visits. WE MUST be able to count on our volunteers to fill commitments to facilities and patients. Anyone wishing to handle the pet on a visit must take part in the evaluation and be 18 years old.

ALL PETS VACCINATIONS MUST BE CURRENT:

NAME: _____

OTHERS HANDLING PET (MUST BE 18) _____ E-Mail _____

ADDRESS:(must be within 50 miles of Spfd.) _____

PHONE (DAY) _____ EVENING AFTER(_____) _____

YOUR PET: DOG CAT RABBIT BIRD

PETS' NAME: _____ BREED _____

AGE OF PET:(MUST BE 1 YEAR OLD) _____ SEX: _____ NEUTERED? _____

Some facilities require a background check. Will you be willing to undergo a background check? Yes No

WHAT TRAINING HAS YOUR PET HAD AT HOME OR FORMALLY? _____

BRIEFLY DESCRIBE WHY YOU AND YOUR PET ARE SUITED TO BE A PET THERAPY TEAM: _____

CODE OF ETHICS

At all times I will: present my PTO pet to an institution in accordance with the regulations and rules of that institution; present my PTO pet in good health, well groomed, and displaying the PTO identification tag and current rabies tag. I will be responsible for my pet's actions. I will conduct my therapy visit according to the PTO Rules of Conduct. I will always remember that I am ambassador of the pet therapy program, and will conduct myself with dignity, safety and consideration for others in all my actions for the organization. I understand that I will be accountable to conduct myself and my pet according to the PTO Code of Ethics and Rules of Conduct. I also understand I will be covered with the organizations liability insurance ONLY when I am making a PRE-SCHEDULED visit arranged by Pet Therapy of the Ozarks, Inc. using an approved pet. **I have read the Community Good Citizen test and I believe that my pet can pass this evaluation, I understand the \$15.00 test fee will not be refunded if my pet does not pass. I may retest my pet at a later date, unless it was excused for aggression.**

Signature: _____ Date: _____

Signature of others under this membership: _____

Evaluation non refundable fee of \$15.00 is due at time of the evaluation.
Annual dues of \$20.00 for single or \$30.00 for family membership are payable to:
Pet Therapy of the Ozarks at the time of the Therapy Pet Evaluation.

**MAIL THIS APPLICATION TO: PET THERAPY OF THE OZARKS; 5362 E. Division, Springfield, MO 65802
FOR FURTHER INFORMATION VISIT OUR WEBSITE AT: www.petherapyozarks.org or call 848-PETS**