

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. You must submit the application prior to the workshop. **NO WALK-INS**. Applications will be kept on file for one year. You may reapply at any time. Our volunteers must 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): _____ **EMAIL:** _____

ADDRESS (Must be within 50 miles of Springfield): _____

PHONE (DAY): _____ **EVENING:** _____

HOMEOWNERS OR RENTERS INSURANCE CARRIER: _____

YOUR PET: (circle) DOG CAT RABBIT BIRD IS YOUR PET A RESCUED PET? _____

PET'S 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

ATTACH COPY OF AKC CANINE GOOD CITIZEN CERTIFICATE OR COPY OF ORIGINAL CGC TEST SIGNED BY EVALUATOR (Required)

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 on page 2 of this form. I will always remember that I am an 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 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 agree to personally carry liability coverage on my homeowners or renters insurance. I agree to follow the Rules of Conduct on page two of this application. 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: _____

- A. Nonrefundable fee of \$15.00 is due with application.
- B. Annual dues of \$25.00 for individuals or \$35.00 for family membership are payable at the time of the therapy pet evaluation.

MAIL THIS APPLICATION TO: PET THERAPY OF THE OZARKS, Attention: Ladina VanZandt, 9310 N. State Highway H, Pleasant Hope, MO 65725. FOR FURTHER INFORMATION VISIT OUR WEBSITE AT: www.pettherapyozarks.org or call (417) 848-PETS

RULES OF CONDUCT FOR VISITS

1. Pets must pass the Pet Therapy of the Ozarks, Inc. evaluation before being scheduled for visits. Dogs must be at least one year of age. Members must be at least 18 years old.
2. PTO members are required to maintain a minimum of one scheduled visit per month to an approved facility. In addition, if able, members are encouraged to volunteer and participate in Special Visits when they occur. This does not apply to Supporting Members.
3. Volunteer teams visit only at pre-scheduled days and times, and are only covered by insurance at those times. Do not visit areas other than those scheduled even if the staff of the facility asks you. Teams are not covered by insurance when they are visiting school or work, unless it is an approved facility, and the schedule of visits is registered with the scheduling coordinator.
4. Pets must have a current rabies certificate according to City of Springfield regulation, regardless of residence. The PTO secretary must keep a copy of rabies certificate. A copy of pet's shot records must be submitted each year with renewal. Dog owners are required to show proof of immunization against distemper, parvovirus and Bordetella. Cat owners are required to show proof of FVRCP. PTO will also accept a positive titer. Failure to provide renewal information by September 30 of each year will result in suspension of visits.
5. **If your dog is showing signs of stress, immediately remove yourself from the facility. Either call the facility or go back without your dog and excuse yourself from the visit.**
6. **If you have any incident involving a nip, bite or any destruction of clothing or other items, immediately remove your dog from the facility and notify (1) your facility contact AND (2) a PTO board member.**
7. Members may certify more than one dog, but only one dog per member may be taken on a scheduled visit.
8. Dogs must be kept on a leash at all times during therapy visits, except when doing obedience demonstrations or tricks. Other animals must be kept under control; leashed, carried in carriers, not running free.
9. Pets must wear PTO identification and rabies tag when working as a therapy pet. The pet's PTO identification tag is to be worn ONLY ON SCHEDULED VISITS. Human volunteers must wear their PTO namebadge during visits. Wearing the identification tag or namebadge on an unapproved visit is a direct violation of PTO rules and is prohibited.
10. The handler is an important part of the pet therapy team. Monitor your pet's reaction to unusual circumstances. Do not force your pet into a situation if it shows obvious fear or agitation.
11. Female pets in season should not be taken on therapy visits.
12. Pets must be clean and well groomed, free of internal and external parasites. Nails must be kept short to avoid scratching patients. Animals must be in good health, free from any sign of gastro-intestinal disease for one week prior to pet visit.
13. Exercise your pet before an assignment. Carry a "doggie bag" on all visits. If an accident happens you must clean up after your pet both indoors and outdoors.
14. Do not place pets on the beds or in laps without permission.
15. State law prohibits animals in the kitchen or dining area whether or not a meal is in progress. Do not take your pet into such an area, even if requested to do so by hospital workers or patient families.
16. No abuse or harsh discipline of pets will be tolerated. Avoid loud reprimands, If your dog must wear a pinch collar for control, the collar must be covered with a scarf as the public is often upset by them.
17. Always be dependable. Patients are disappointed if they are expecting a visit from a pet and it is late or does not appear. It is also an embarrassment to the organization and harms our credibility with the facilities we serve. If you find you are unable to fulfill your scheduled visit, call the schedule coordinator and the facility.
18. Members making visits to facilities must maintain liability coverage on either homeowners or renters insurance.