



Pet Visitation & Pet Therapy Program Application

Date of Application: _____ Type of Animal: _____

Name of Animal: _____ Owner's Name: _____

Owner's Address: _____

Postal Code: _____ Phone: Home: () _____ Work: () _____

Is your animal:

Spayed ☐ Yes ☐ No ☐ N/A Neutered ☐ Yes ☐ No ☐ N/A

House trained/continent ☐ Yes ☐ No Free of discharges/lesions ☐ Yes ☐ No

Has your animal ever tested positive for:

Hookworm ☐ Yes ☐ No ☐ N/A Rabies ☐ Yes ☐ No ☐ N/A

Brucellosis ☐ Yes ☐ No ☐ N/A Fleas ☐ Yes ☐ No ☐ N/A

Date last seen by a Veterinarian (DD/MM/YYYY): _____

Veterinarian Documentation that the following are current (documentation must accompany application):

Rabies Vaccination ☐ Yes ☐ No ☐ N/A Free from hook worm ☐ Yes ☐ No ☐ N/A

Free from fleas/external parasites ☐ Yes ☐ No

Number of animals in household: _____

Name	Type/Breed	Age	Sex

Does your animal:

- Get along well with children? ☐ Yes ☐ No
- Get along well with other animals? ☐ Yes ☐ No

Since some therapy sessions might have a variety of animals it is important for your animal to be compatible with other animals. Specify any animals your pet is not compatible with (i.e. breeds/species): _____

Is your animal shy or nervous around large crowds of people, certain size or clothing, etc.? ☐Yes ☐No

Please specify: _____

Which of the following personality traits best describes your animal?

- | | | | |
|------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Hyper | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Timid | <input type="checkbox"/> Calm | <input type="checkbox"/> Shy | <input type="checkbox"/> Reliable |

Has your animal ever bitten anyone? ☐Yes ☐No

*Animals with a history of biting, scratching or harming people or other animals will not be permitted to join our pet therapy program.

Has your animal been introduced to, or have experience with:

- ☐ People in uniform ☐ Wheelchairs ☐ People on crutches/canes
- ☐ People with jerky/unusual movement

Pet Therapy Program:

Have you been cleared as a SSCHS Volunteer? ☐Yes ☐No If No, please contact, Julia Bignucolo, volunteer coordinator.

Interactions with animals can provide emotional and physical health benefits for diverse human populations, including the elderly, children, physically disabled, deaf, blind, emotionally or physically ill.

Thank you for your interest in the Pet Therapy program. Your application will be reviewed and you will be contacted once a decision has been made.

Signature of Pet Owner/Handler

Date

Application Review Process

Reviewed by: _____ Date: _____

Animal meets all required criteria ☐Yes ☐No

If No, please provide details: _____

