



Olympic Mountain Pet Pals

THERAPY DOG/READ to ROVER DOG APPLICATION Part I Date _____

Membership, renewable yearly, includes full membership benefits, liability insurance and a subscription to the Olympic Mountain Pet Pals newsletter

1. Tell us about yourself (Please print clearly):

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone (HOME): _____ Phone (CELL): _____

E-mail: _____

(Please circle the *best* way to get in touch with you.)

2. Tell us about your pet:

Name: _____ Age: _____

Breed: _____ Sex: _____

Spayed or Neutered? YES ____ NO ____

Note: (Veterinarian listed must have examined the animal in the last year and be able to vouch for the animal's health and current vaccinations)

Veterinarian: _____ Date of last exam: _____

Vet's Address: _____ Phone: _____

Rabies Vaccine Expiration Date: _____

Distemper Vaccine or Titer last given on: _____

3. Membership Fees:

a. Annual Fees

One person and one pet enrolled in OM Pet Pals \$25.00 \$ _____

b. Additional Donation (optional) (Thank you!) \$ _____

d. Total Enclosed \$ _____

e. Please make check payable to OM Pet Pals If you have any questions, call Carla Ellis 360-385-3950 or Laura Joshel 360-461-9506 or go to ompetpals.org



Olympic Mountain Pet Pals

THERAPY DOG/ READ to ROVER DOG APPLICATION Part II

This is not a screening, but a thought exercise to help you decide whether your dog is suitable for the program or identify areas that you would like help with.

Your Name _____ Dog's Name _____

1. Is your dog comfortable around children? _____ Describe how he or she reacts to being in close proximity to other dogs? _____

2. List all basic commands that your dog responds to reliably.

3. Is there any specific age group that your dog avoids or seems uncomfortable around? _____

4. Is there a type of individual or situation that your dog avoids or seems uncomfortable around? (Such as person wearing a large hat or delivery people)

5. Has your dog ever acted in a threatening or menacing manner towards an individual? (Such as growling, or lunging toward or biting a person)

If yes, describe. _____

6. What are your dog's favorite games or activities? _____

7. How do you discipline or correct your dog? _____

8. What does your dog do when she or he becomes stressed? _____

9. What do you do when you realize that your dog is stressed? _____

10. Do you feel there are any skills your dog needs to work on.? _____



Olympic Mountain Pet Pals

OWNER/HANDLER AGREEMENT PLEASE READ AND SIGN

As the therapy dog's owner and handler, I understand and agree that:

- A *therapy dog* is not granted the same access privileges that *service dogs* are allowed under the Americans with Disabilities Act. The ADA defines a service animal as any animal trained to perform functions and tasks for an individual with a disability that they cannot perform for themselves.
- I am responsible for my pet's actions at all times, ethically and financially.
- I will consider the safety of other people at all times and keep my dog on a leash while volunteering for a READ to ROVER session or other Olympic Mountain Pet Pals community outreach program such as Pets to People.
- My dog will be freshly groomed for each visit, will be parasite-free, healthy and up to date on all vaccinations.
- I understand that female dogs must not be in estrus when participating in a READ to ROVER session and I will arrange for a substitute.
- If at any time my dog can no longer do this work due to age, illness, disability or behavior problems, such as growling, lunging toward or biting a person. I will stop the work and will notify Olympic Mountain Pet Pals.
- I will remember at all times that my pet and its actions, my behavior, actions and attitude represent all therapy animals in the eyes of the public.

I understand that the Volunteer Insurance \$2 million coverage provided by Olympic Mountain Pet Pals is strictly limited to accidental injury and/or damages while volunteering in an OMPP sponsored therapy program.

- Said insurance will not cover injuries and/or damages if I violate the above agreement while volunteering for a READ to ROVER session or other OMPP board-approved community outreach program.
- It does not provide coverage for either member of a READ to ROVER Team (dog or handler) causing a loss or injury to other OMPP volunteers. Such losses are the personal responsibility of the handler.
- If an OMPP-certified therapy dog is used by an employee in their work, the employer must agree to be responsible for liability.

Signature: _____ Date: _____



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Handler: Keep for your records