

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 Donna Geer, 360-683-2097 or go to ompetpals.org



#### 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:



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.

#### THERAPY DOG/READ to ROVER DOG APPLICATION Part II

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.?\_\_\_\_\_



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Handler: Keep for your records