

Paws for Pioneers Application

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

Name: _____ Cell Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

2. Tell us about your dog:

Name: _____ Date of birth: _____
(dog must be 1 year old or older):

Breed: _____ Sex: F / M Spayed or Neutered? YES / NO

Color and Markings: _____

Weight: _____ Microchip # (if available): _____

3. Declaration of Behavior:

Has your dog ever shown signs of aggression to other animals or people? YES NO

Are there any behaviors that may inhibit your pet's ability to visit? YES NO

(If yes to either question, please describe the circumstances on supplemental paper.)

4. Veterinarian Information: (Listed Veterinarian must have examined the dog in the past year and be able to vouch for the dog's health and current vaccinations)

Veterinarian: _____ Date of Last Exam: _____

Vet's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

***Required for Dogs, Rabies Vaccine Expiration Date: _____

Acknowledgement of Owner/Handler Agreement and Member Guidelines:

(Please read and sign. Applications will not be accepted without this signed agreement.)

As the therapy pet's owner and handler, I understand and agree that: (Initial each Line)

___ I am responsible for all my pet's actions at all times, including but not limited to financial or physical injury.

___ I shall consider the safety of other people at all times.

___ I shall continue my pet's education, refreshing obedience commands, and teaching special commands.

___ My pet and I shall be clean, neatly groomed and healthy on each visit. My pet shall be parasite-free and up to date on all state required vaccinations.

___ I will remember at all times that my pet and its actions; my behavior, actions, and attitude represents all therapy teams in the eyes of the public.

___ I agree to abide by all Paws for Pioneers policies and procedures, including any revisions.

___ If at any time my pet can no longer do this work due to age, illness, disability or behavior problems, I will stop the work and will notify Paw for Pioneers. Paws for Pioneers reserves the right to make such determination.

___ I agree that if I do not or cannot abide by Paws for Pioneers policies, procedures and guidelines (including any revisions), my membership may be terminated at the discretion of the Board of Directors for Paws for Pioneers.

___ I give Paws for Pioneers permission to use my photograph and the photograph of my pet for the purposes of education or promotion of Paws for Pioneers and its programs.

___ I have read and agree to abide by the Expectations of Owners/Handlers

Please attach a copy of each of the following:

- Alliance of Therapy Dogs Certification Records
- A report from your veterinarian that clears your dog as healthy and fit for work.
(Must be written within the last 6 months)
- Records of vaccinations

Signature: _____ Date: _____