



## Paws for Therapy Application

Today's date: \_\_\_\_\_

Name of Primary Handler: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_ DOB: \_\_\_\_\_

*(optional)*

Name of Secondary Handler(18+): \_\_\_\_\_ DOB: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of dog: \_\_\_\_\_ Breed of dog: \_\_\_\_\_

Weight: \_\_\_\_\_ M or F Spayed/neutered: Y or N Date of birth/Age: \_\_\_\_\_

Name of trainer/organization that administered the CGC test: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

How often are you & your pet able to make therapy visits? \_\_\_\_\_

### Items that need to be sent in to complete your application:

1. Completed Paws for Therapy Application
2. Signed "Guidelines for Paws for Therapy Volunteers"
3. Completed Vet form
4. Picture of your dog's Rabies Certificate (Certificate of Vaccination or Rabies Certificate)
5. Picture of yourself – only you in the picture, will be used for your badge
6. Picture of your dog – only your dog in the picture, will be used for their badge
7. Picture of your driver's license
8. Picture of your dog's CGC (Canine Good Citizen) test/certificate
9. \$50 non-refundable application fee (includes volunteer dues for remainder of the year)  
First link preferred on "How to Donate" on our website

Please send items above as attachments to:  
pawsfortherapyhouston@gmail.com

# Guidelines for Paws for Therapy Volunteers

1. We only go on monthly and special visits that correlate with our mission as therapy dogs. We are not entertainment; we are not a petting zoo attraction.
2. We require all volunteers to go to one regular monthly visit per month. (A little leeway is built in.)
3. Paws for Therapy is a therapy dog group. Therapy dogs are very different from service dogs. Therapy dogs have a different purpose and do not have the same access to public spaces as service dogs do.
4. If you are a counselor, therapist, or anything along those lines, we do not allow taking your pet with you to work as a therapy dog under the name of Paws for Therapy.
5. No off-scheduled visits allowed. We cannot have volunteers visiting places without our knowledge as that opens us up to liability issues. If you choose to visit some place on your own, that is your prerogative but it cannot be as a representative of Paws for Therapy. All monthly and special visits need to go through/be approved online. The only exemption to this rule is for the hospital facilities we are affiliated with.
6. Required attire:
  - Solid color, collared shirt
  - Paws for Therapy laminated annual badge
  - Close-toed shoes
7. What is expected at a visit:
  - Contact the visit lead before the visit to let them know you are coming.
  - Contact the visit lead if you are running late to a visit.
  - Proper attire
  - A clean dog (within 48 hours). Nails must also be trimmed.
  - Collar and 4 – 6 ft leash. No prong collar, shock collar, head collar, or retractable leashes.
  - No dog toys
  - Clean up after your dog and take all waste/garbage home with you.
  - A “ready” bag that contains: poop bags, clean up spray, paper towels, plastic bag
  - You need to have control of your dog. You are to never let go of your dog’s leash unless it’s for a picture.
8. You need to report to Paws for Therapy leadership if there is a pet that shows any unruly behavior. Unruly behavior includes, but is not limited to:
  - Uncontrollable barking
  - Lunging
  - Challenging other dogs
  - A bite with puncture of the skin (automatic expulsion)
9. You grant permission to Paws for Therapy the use of your and your dog’s likeness in pictures and video on the Paws for Therapy website and social media.

I understand all of the guidelines above and agree to them for the duration of my time as a volunteer with Paws for Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**VET FORM**  
(Have your vet fill it out and you email it back)

Name of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Dog's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Date of last Rabies vaccination given: \_\_\_\_\_

Date of last DHPP vaccines given: \_\_\_\_\_

Date of last examination: \_\_\_\_\_

Heartworm Clear: <b>Y</b> or <b>N</b>	Fecal Clear: <b>Y</b> or <b>N</b>
Eyes Clear: <b>Y</b> or <b>N</b>	Ears Clear: <b>Y</b> or <b>N</b>

The dog listed on this form has been examined in this clinic and it is believed that this dog is healthy and free of internal and external parasites.

I believe this pet has the temperament and health to be a good candidate for an animal-assisted therapy and activities organization.

\_\_\_\_\_

Signature of licensed veterinarian: \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

address stamp of veterinarian here: