

*Certified Dog Visitation Program
Application for Dog Handlers*

Are you a currently registered Pet Partners Therapy Animal Team?

- (Active PP registration is required for participation in the Furry Friends program at UIHC)

PP ID#: _____ Expiration: _____

Is your qualification rating Predictable or Complex? _____

Please attach a copy of your current Pet Partners badge and your most recent Team Evaluation Score Sheet.

Owner/Handler Name: _____ Male _____ Female _____

- Address: _____
- City: _____ State _____ Zip _____
- Phone: (day) _____ (night) _____
(cell) _____ (fax) _____
- Email: _____

Contact Person (in case of emergency):

- Name: _____ Phone: _____
- Address: _____
- Relationship to Handler/Owner: _____

Dog's Name: _____ Male _____ Female _____

- Breed: _____ Age: _____
- Weight: _____ Long Hair: _____ Medium Hair: _____ Short Hair: _____

Have you attended the UIHC Volunteer Orientation? Yes _____ No _____

Date completed: _____

Have you and your dog ever been involved in a volunteer program before? Yes _____ No _____

List sites you and your dog have visited (examples: nursing home, day care center, school etc.)

Sites	Date	Supervisor	Phone

How often would you and your dog like to visit the hospital in a month? _____

Under each day, fill in the time range during which you and your dog may be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

If there is a special request to see a dog from a patient, how much advance notice would you require to come in? _____

List any allergies your dog has:

Name of dog's Veterinary Clinic: _____

- Veterinarian's Name: _____

- Phone: _____

Any additional information or comments:

Signature of Applicant: _____

Date: _____

**PLEASE RETURN COMPLETED FORM TO THE
DEPARTMENT OF REHABILITATION THERAPIES**