

Paws for Life USA Client Application

PFLUSA will keep your entire application confidential. Your written application will become the property of Paws for Life Usa _____.

Please review the application instructions before completing this form. Your application will be reviewed and an interview scheduled when all information has been received.

Part A - Client Application, completed by client, two letters of recommendation and a \$25.00 application fee. Please attach recent Rabies and Medical Records by your veterinarian.

Please fill out the following application, so we can get to know you a little better.

Is your dog child-friendly, respectful, under verbal control and reliable? Are you community minded and empathetic - and do you have time to volunteer on a regular basis if using PFLUSA facilities? Or Wish to obtain one of Paws for Life USA dogs?

If you and / or your dog answer **yes**, please complete our therapy application below.

APPLICATION Date _____ SS # _____

First Name _____ MI _____ Last Name _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex: M F

Address

_____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ E-mail _____

Driver's License # _____

How did you learn about ADB?

Military Personnel Only:

Do you have a military affiliation? _____

What branch? _____

Are you active or Retired? _____

P. O. Box 72016, Marietta, GA 30007 Phone: 770 -402-0297 Fax: 770 -579-8289

Tax ID: 86 -1094919

501c3 non-profit - no kill animal rescue, service dog trainer, provider and humane education organization all volunteer
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Please select from the following the type of Therapy you are interested in participating in:

Therapy Dog is the most widely used method of animal therapy. These dogs are trained household companions that together with their handler visit nursing homes, hospitals, retirement homes plus many other facilities to offer comfort and joy that can reach beyond traditional forms of healing and medical treatment.

Animal Assisted Therapy Dog assist physical and occupational therapists in meeting specific goals or "measured results" important to a patient's recovery. These dogs are used to help anyone suffering from a stroke, physical injury, or trauma. AAT (animal-assisted therapy) dogs and their volunteer handler team up with trained therapists to use agility equipment and recreational therapy techniques. The end result encourages a patient to regain mobility, strength, range of motion, balance and confidence.

Do you speak a foreign language? YES NO If Yes, what?

Do you know sign language? YES NO

Tell Us About Your Dog

DOG'S NAME:

DOG BREED:

DOG GENDER:

DOG BIRTH DAY:

SPAYED – NEUTERED? YES NO

VETERINARIAN'S NAME:

Behavior Questions

Does your dog understand hand signals?

Yes No

Does your dog get along with people?

Yes No

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Does your dog get along with other dogs?

Yes No

Is your dog shy/nervous around large crowds?

Yes No

Do you consider your dog reliable on "sit/stay" and "down/stay" commands in distracting conditions?

Yes No

Is your dog under reliable control off-lead?

Yes No

Has your dog had formal obedience training?

Yes No

Please list any special tricks your dog performs, if any:

Availability

Please give us an idea of your availability:

_____ Weekday Mornings _____ Weekday Afternoons _____ Weekday Evenings
_____ Weekends _____ Anytime _____ Other:

Preferred Location(s)

1 _____ 2 _____
3 _____ 4 _____

Other:

Preferred Visit (s)

_____ Schools
_____ Senior Centers, Retirement Homes, Assisted Living Centers
_____ Hospitals, Rehab Facilities, Hospice
_____ Public Libraries, Book Stores
_____ At-Risk Facilities (homeless shelters, youth homes, trauma or bereavement center)
_____ Other:

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Will it be difficult for you?

- To attend groupclasses at the ADB Training Centerfor an hour to hour and a half one day a week for 4 - 6 week sessions? Yes No
- To attend privateObedience Class's? Yes No

Please explain any Yes answer

- That you and your dog are ambassadors for Paws for Life USA, as well as for the entire therapy dog industry and you will be expected to maintain your dog's appearance and manners, as well as your handling skills. Yes No, explain

- That you assume full responsibility for maintaining appropriate training and behavior, and every two years updating yourCanine Good Citizen certification as applicablewith Paws for Life USA. You must maintain identification for public access, if applicable. Yes No, explain _____
- That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog. Yes No, explain

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any 'No' answer.

Signature of Applicant _____ Date _____

Return theTherapy Application to:
Paws for Life USA P.O. Box 72016, Marietta, GA 30007-2016

If you have questions, call us at (770)-402-0297

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Letters of Recommendation and Veterinarian's Information

Please list the name and contact information of two people who will provide letters of recommendation for you. 1) Personal (not a relative), 2) professional(et). Please send letters of recommendation to:

Paws for Life USA
P.O. Box 72016
Marietta GA 30007-2016
Fax 770-579-8289
admin@pawsforlifeusa.org

1. _____

2. _____

Please ask your veterinarian to provide you with latest medical records, rabies certificate, fecal and heartworm / flea tick records for you to attach to this application.

Veterinarian's Name: _____

Address: _____

Telephone: _____ Fax: _____

Date of last examination: _____ Length of association with dog: _____

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