Union ***Paws for U*** 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? o YES o NO
Are there any behaviors that may inhibit your pet's ability to visit? o YES o 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 U*** 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 ***Paws for U***. ***Paws for U*** reserves the right to make such determination.

__I agree that if I do not or cannot abide by ***Paws for U*** policies, procedures and guidelines (including any revisions), my membership may be terminated at the discretion of the ***Paws for U*** supervising administrator.

____I give ***Paws for U*** permission to use my photograph and the photograph of my pet for the purposes of education or promotion of ***Paws for U*** and its programs.

____I have read and agree to abide by the Expectations of Owners/Handlers (see ***Paws for U*** Guidelines and Expectations)

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
- ❏ Proof of Insurance

Signature: _____Date: _____

Once your application is completed and all required documentation is read:

1. Please send the application in school mail to the Education Service Center Attn: Special Services

OR

2. Mail a completed application to the following address:

Union Public Schools

Education Service Center

Attn. Special Services

8506 East 61st Street

Tulsa, OK 74133

FOR OFFICE USE ONLY	
Date Received:	
Assigned To:	
Date Reviewed:	
Status:	
Notes:	