



Application Checklist for Cat or Rabbit Therapy Team

- ♥ **NOTE:** Every person who will be a handler for a pet must submit a completed **Control Evaluation, Supervised Visits Log, a Visit Evaluation, and a Membership Application.**
- ♥ All forms, photos, and checks must be sent together, in the same packet (except for email headshot of pet.) **Please keep copies of all of your forms, applications, etc. for your records and in case of lost or damaged application packets.** Incomplete applications and/or incorrect fees are the most common reasons for membership applications to be delayed or returned.
- ♥ **Applications may take 6-8 weeks for processing.**

Please read and double-check the instructions on each form!

Questions? Call Love on a Leash® at (760) 740-2326
or email at info@loveonaleash.org

Checklist:

- Completed **LOAL Control Evaluation for Cats and Rabbits**
The Control Evaluation and the Visit Evaluation must be done by two different evaluators.
- Completed **Supervised Visits Log**
Only one hour per day is allowed to be counted for the minimum ten hours.
- Completed **Visit Evaluation**
The Control Evaluation and the Visit Evaluation must be done by two different evaluators.
- Complete **Membership Application packet (all seven pages)** of the application are required). All documents must be completed and submitted within one year of the date on the Control Evaluation.
Junior Handler application must include Junior Handler Release Agreement
- Include with your application, two (2) full-body **photographs** of the pet (for LOAL to keep on file).
- Email a headshot of your pet's face for his or her ID card and also a separate photo of the handler's face for their ID card to info@loveonaleash.org. Please send photos in portrait orientation. In your email, include your name, your pet's name, breed, phone number, and address.

Send the above with a check for the appropriate fees and membership dues (applicant will be responsible for any service charges or fees incurred from a returned check) to:

Love on a Leash®
PO Box 4548
Oceanside, CA 92052-4548

Thank you!



Control Evaluation for Cats and Rabbits

- ♥ **Note:** Your Control Evaluation is to be completed before starting your Supervised Visits.
- ♥ This evaluation is to be filled out by a veterinarian, and is to be fully and successfully completed **before** going on any supervised visits.
- ♥ **Make a copy of this completed Control Evaluation to carry during supervised visits.**
- ♥ Supervised visits and Membership Application must be completed and submitted within one year from date of Control Evaluation.
- ♥ Include the original completed Control Evaluation with your application for certification.
- ♥ The Control Evaluation and the Visit Evaluation are to be done by two different evaluators.

Note: Any pet that shows aggression toward a person or another pet is automatically disqualified.

Pet's Name _____ Breed _____ Age _____ Yrs (must be 1 yr or older)

Handler's Name _____ Phone Number _____ Email _____

Handler's Address _____ City _____ State _____ Zip Code _____

1. Is the pet healthy and clean? YES NO
2. Is the pet up to date on all recommended vaccinations? YES NO
3. Does the pet owner control the pet in a safe manner around people and other animals? YES NO
4. Does the pet wear a leash, collar, harness or other control device? YES NO
5. Is the pet housetrained? YES NO
If no, does this appear to be a problem? (For example, rabbits should be held in a towel.)

Comment: _____

6. Is there any struggling, fighting, scratching or biting? YES NO
7. Is the pet well mannered during the exam? YES NO
8. Does the pet seem to enjoy being touched or handled by people other than the handler? YES NO
9. Does the pet's personality seem to suggest that this pet would make a good therapy pet? YES NO
10. Do you recommend that this pet be included in our therapy pet program? YES NO
11. Does the **pet** or **handler** appear to have any training difficulties, physical or emotional limitations, or behavior problems that may interfere with their ability to work as a therapy team? (If yes, turn page over and explain) YES NO

Comments: _____

Attach business card here:

Veterinarian: _____ Name of Vet's Office _____

Vet's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Veterinarian's signature: _____ Date: _____



Supervised Visits Log for Cats and Rabbits

- ♥ **Note: Your Control Evaluation is to be completed before starting your supervised visits.**
- ♥ **On each visit, you must bring your Supervised Visit Log and a copy of your completed Control Evaluation.**
- ♥ Only enter a facility or do visits when accompanied by a Visit Captain or a substitute approved by LOAL National.
- ♥ No more than one hour per day can be counted during the probationary (supervised visits) period.
- ♥ Supervised visits and Membership application (7 Pages) must be completed and submitted within one year from date of Control Evaluation.
- ♥ At any time, you may be asked to perform additional supervised visits to help you become a better therapy team.
- ♥ The Visit Evaluation form must be completed by whoever supervised at least five of the required hours, but may not be completed until the conclusion of the required minimum 10 visit hours. **The last visit must be supervised by the person signing the evaluation.**

Pet's Name _____ Cat or Rabbit _____ Breed _____

Pet Handler's Name _____ Age _____ (pet must be 1 Yr or older)
mm/dd/year

Visit	Date	Length of Visit	Facility	Supervisor Name Printed and Signature in Same Box	Comments
1 <i>(example)</i>	5-21-06	60 <i>minutes</i>	<i>Meadows Retirement Home</i>	<i>Regularly scheduled weekly visit</i>	Great first visit, cat or rabbit sits well in the arms of those being visited, appears to enjoy being petted.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					



VISIT Evaluation for Cats and Rabbits

- ♥ **INSTRUCTIONS TO EVALUATOR:** This evaluation is to be filled out by the person who has supervised the pet and handler on at least **five** of the minimum **ten supervised visits**, and is to be completed **after** at least ten supervised visit hours have been completed and documented on the Supervised Visits Log.
- ♥ Candidates for membership in *Love on a Leash*® **cannot** evaluate their own pet.
- ♥ The Control Evaluation and the Visit Evaluation must be done by two different evaluators.

Pet's Name _____ Breed _____ Age _____ Yrs (must be 1 Yr or older)

Handler's Name _____ Phone Number _____ Email _____

Handler's Address _____ City _____ State _____ Zip Code _____

1. On how many visits have you observed this therapy team? Number of Visits = _____
2. Does the pet seem to like people and relate well to people? YES NO
3. Is the pet under control of the owner when it interacts with others? YES NO
4. Is the handler able to get the pet close enough to people during visits? YES NO
5. Is the handler able to initiate conversations with people and stimulate interest in the pet? YES NO
6. Does the handler relate well with people in general? YES NO
7. Based on your observations, do you feel this pet is a good candidate for pet therapy? YES NO
8. Would you like this pet and its handler to continue visiting your facility? YES NO
9. Is there any behavior you would like them to work on? YES NO

Please explain: _____

FOR EVALUATOR ONLY

Additional Comments: _____

Name of Evaluator (*Please Print*) _____ Location of Evaluation _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature of Evaluator: _____ Date of Evaluation: _____



Membership Application for Cats and Rabbits

- ♥ Love on a Leash® can only insure evaluated partnerships (one person with one pet).
- ♥ Please fill out a separate application for each partnership.
- ♥ Each person wishing to certify with a pet must complete a Control Evaluation, Supervised Visits Log, Visit Evaluation, and a Membership Application.
- ♥ If more than one person is certifying with the same pet, each person must certify individually and may not combine hours or evaluations with another person.

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (CELL): _____

Email Address: _____ Chapter Association: _____

(Optional) In Case of Emergency, please list a phone number of an emergency contact: _____

Have you and/or your pet ever been involved with another therapy pet organization where your membership has been terminated, suspended or revoked? _____

****Junior Handler application must include Junior Handler Release Agreement.****

2. Tell us about your pet:

Name: _____ Pet type (cat or rabbit): _____

Date of birth (must be 1 year old or older): mm/dd/year _____

Breed: _____ Sex: _____ Spayed or Neutered? YES NO

Color and Markings: _____

Weight: _____ Microchip # (if available): _____

3. Declaration of Pet Behavior:

Has your pet ever shown signs of aggression to other animals or people? YES NO
(If yes, please describe the circumstances on supplemental paper.)

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

Veterinarian: _____ Date of Last Exam: _____

Vet's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Applications may take 6-8 weeks for processing.



Membership Application for Cats and Rabbits

5. Size information (neck measurement) for LOAL bandana.

Neck Measurement	_____ inches
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6. Fees:

6a. Membership Fee (Choose One)

New Therapy Pet Team (Handler/Pet) **\$50.00** \$ _____
(Includes ID for Handler, Photo ID for Cat/Rabbit, Bandana, ID Holder, and LOAL Certificate)

Additional Handler (For Cat or Rabbit Already Certified) **\$15.00** \$ _____
(Additional handler must complete Control Evaluation, Supervised Visits, and Supervised Visits Evaluation forms with the cat's/rabbit's ID number)
(Includes Handler ID, Pet Photo ID, and ID Card Holder) **Cat or Rabbit ID #** _____

Current Member Adding Additional Cat or Rabbit **\$35.00** \$ _____
(Member must also complete Control Evaluation, Supervised Visits, and Visit Evaluation forms with additional pet.)
(Includes ID for Handler, Photo ID for Cat/Rabbit, Bandana, ID Holder, and LOAL Certificate)

6b. Bandanas (Optional)

LOAL Bandana: Neck Size: _____ Quantity: _____ x **\$15.00** \$ _____
(Note: Purchasing a bandana is optional here. One bandana is included with your new member packet)

6c. Donation (optional) (Thank you!) \$ _____

6d. Total Enclosed (Make check payable to "Love on a Leash®") \$ _____

Applicant will be responsible for any service charges or fees incurred from a returned check.

Mail to:
Love on a Leash®
PO Box 4548
Oceanside, CA 92052-4548

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Membership Application for Cats and Rabbits

7. 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 and pets 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 as well as my behavior, actions, and attitude represent all therapy teams in the eyes of the public.

I agree to abide by all of Love on a Leash® policies and procedures, including any revisions.

I understand that all therapy teams are volunteers. Love on a Leash® is not affiliated with any for profit entities, therefore, Love on a Leash® trademarks or apparel may not be utilized during any activity that involves payment of any kind. If as a handler of a therapy pet, am at work or working in any capacity with my pet, then Love on a Leash® trademarks and apparel must be removed from the pet and handler until our therapy team's activity is clearly volunteer only.

If at any time my pet and/or I can no longer do this work due to age, illness, disability or behavior problems, I will stop the work and will notify Love on a Leash®. Love on a Leash® Board of Directors reserves the right to make a determination on whether my pet and/or I are suitable to continue on visits. Based upon the above, I understand and agree that the Love on a Leash® Board of Directors has the complete discretion to disallow my pet or me to continue as a participating member.

I agree that if I do not or cannot abide by Love on a Leash® policies, procedures and guidelines (including any revisions), my membership may be terminated at the discretion of the Love on a Leash® Board of Directors.

I give Love on a Leash® permission to use my photograph and the photograph of my pet for the purposes of education or promotion of Love on a Leash® and its programs.

I have read and agree to abide by the Owner/Handler Agreement

I have read the Membership Guidelines.

Signature: _____ Date: _____

Signature: _____ Date: _____
Signature of parent or guardian if under 18 years of age)

A Junior Handler's membership application and release form must be signed by a parent or legal guardian, who is already a certified member in good standing with Love on a Leash®, acknowledging responsibility and agreeing to accompany the Junior Handler on all LOAL activities and visits.

Love on a Leash® is a nonprofit, charitable organization. All officers and board members are unpaid volunteers. Love on a Leash® does not rent office space. All funds are used to pay for direct operating expenses (postage, printing, member supplies, insurance, etc.).

Questions? Call Love on a Leash® at (760) 740-2326
or email at info@loveonaleash.org

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Thank You!

A Must Read For Anyone Getting Involved in Pet-Provided Therapy



Do you think your pet would make a great therapy animal?

Are you currently a Love on a Leash® team in training?

Are you recently certified?

If you're new to pet-provided therapy, or even just thinking about getting involved, this book is a great place to start.

Get answers to questions such as...

- What does a therapy dog do?
- Is pet therapy right for me, and my dog?
- How can I train my dog to become a therapy pet?
- What kinds of places can I visit with my dog?
- How do I get certified?
- What do I need to know, and do, while on pet therapy visits?
- What problems am I likely to encounter?
- What's the difference between a service dog and a therapy pet?
- Can animals other than dogs become certified therapy pets?

Love on a Leash® highly recommends anyone considering pet therapy, currently in training, or newly certified, read this book. You'll learn everything you need to know to become a successful pet therapy team with Love on a Leash®.

Learn more and purchase your copy today at www.LoveOnALeashBook.com