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 to info@loveonaleash.org. Please send photo in portrait orientation. In your email, include your name, your pet’s name, 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?
   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: __________________________

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**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.

<table>
<thead>
<tr>
<th>Pet’s Name _________________________</th>
<th>Cat or Rabbit _______________</th>
<th>Breed ________________</th>
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</thead>
<tbody>
<tr>
<td>Pet Handler’s Name _________________</td>
<td>Age ______Yrs (must be 1 Yr or older)</td>
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<table>
<thead>
<tr>
<th>Visit</th>
<th>Date</th>
<th>Length of Visit</th>
<th>Facility</th>
<th>Activity Performed</th>
<th>Comments/Supervisor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5-21-06</td>
<td>60 minutes</td>
<td>Meadows Retirement Home</td>
<td>Regularly scheduled weekly visit</td>
<td>Great first visit / Joan Brown</td>
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<td>2</td>
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Revised 4/23/2017
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.

<table>
<thead>
<tr>
<th>Pet's Name</th>
<th>Breed</th>
<th>Age ______Yrs (must be 1 Yr or older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handler's Name</td>
<td>Phone Number</td>
<td>Email</td>
</tr>
</tbody>
</table>

1. On how many visits have you observed this therapy team?  
2. Does the pet seem to like people and relate well to people?  
3. Is the pet under control of the owner when it interacts with others?  
4. Is the handler able to get the pet close enough to people during visits?  
5. Is the handler able to initiate conversations with people and stimulate interest in the pet?  
6. Does the handler relate well with people in general?  
7. Based on your observations, do you feel this pet is a good candidate for pet therapy?  
8. Would you like this pet and its handler to continue visiting your facility?  
9. Is there any behavior you would like them to work on?  

Please explain: _____________________________________________________________

FOR EVALUATOR ONLY

Additional Comments: ________________________________________________________

Name of Evaluator (Please Print) ____________________________________________
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: ______________________

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): ____________________________
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

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, Plastic ID Holder, Retractable Lanyard, LOAL Pet Tag, 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, Plastic ID Card Holder, and Retractable Lanyard)

   - **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, Plastic ID Holder, Retractable Lanyard, LOAL Pet Tag, 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

Applications may take 6-8 weeks for processing.
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 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.

___ 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 am 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

8. Other Comments or Concerns:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Applications may take 6-8 weeks for processing.

Thank You!