



Please check one:

- New Member
 - Additional Handler
 - Existing Member
- Member Number: _____

The Foundation for Pet Provided Therapy
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326

Membership Application

Love on a Leash can only insure evaluated partnerships (one person with one pet). **Please fill out a separate application for each partnership** . Please allow 6 to 8 weeks for processing.

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Fax: _____ E-mail: _____

Birthday (Jrs): _____ Chapter Association: _____

2. Tell us about your pet:

Name: _____ Pet type (dog, cat, bird, other): _____

Birthday (must be 12 months old) _____

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

Color and Markings _____

Titles: _____ Microchip # _____

Note: (Veterinarian listed must have examined the animal in the last year and be able to vouch for the animal's health and current vaccinations)

Veterinarian: _____ Date of last exam: _____

Vet's Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

(Required for dogs only):

Rabies Vaccine Expiration Date: _____ Distemper Vaccine ExpirationDate: _____

3. Size information for official vest

(For dogs, cats and most four-footed pets; not required for birds or other pets that could not wear a vest.)

Weight (lbs.) of your pet: _____



The Foundation for Pet Provided Therapy
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326

Membership Application (cont.)

4. 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.)

5. Membership Fees: (Choose One)

- | | | | |
|--------------------------|---|----------|---------|
| <input type="checkbox"/> | One person and one pet enrolled in LOAL | \$35.00* | \$_____ |
| <input type="checkbox"/> | Additional handler for pet currently enrolled in LOAL
<i>(Additional handler MUST complete Control Evaluation,
Ten Hour Visit, and Visit Evaluation forms with this pet.)</i> | \$10.00 | \$_____ |
| <input type="checkbox"/> | Junior Handler (13 to 18 years) and one pet enrolled in LOAL
<i>(Parent or guardian must sign application as well.)</i> | \$25.00* | \$_____ |
| <input type="checkbox"/> | Existing Member adding a new pet | \$25.00* | \$_____ |
| <input type="checkbox"/> | Each additional handler for pet enrolled with this application
<i>(Additional handler must complete Control Evaluation, Ten Hour Visit,
and Visit Evaluation forms with this pet.)</i> | \$10.00 | \$_____ |
| <input type="checkbox"/> | Associate Membership
<i>(Associate members are not certified to handle a pet during LOAL activities).</i> | \$20.00 | \$_____ |
| <input type="checkbox"/> | <i>Additional Donation (optional) (Thank you!)</i> | | \$_____ |

*Fee includes vest for pet and ID for owner and pet

Total Enclosed (Make check payable to "**Love on a Leash**") \$_____

Incomplete applications and/or incorrect fees are the most common reasons for membership applications to be delayed or returned.

Questions? Call The Foundation for Pet Provided Therapy at (760) 740-2326
or email at info@loveonaleash.org

All forms, photos, and checks must be sent together, in the same packet!

6. Other Comments or Concerns:



The Foundation for Pet Provided Therapy
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326

Membership Application (cont.)

7. Owner/Handler Agreement:

(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:

- 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.
- On each visit, my pet shall be clean, neatly groomed, parasite-free, healthy, and up to date on all vaccinations.
- 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 LOAL. Love on a Leash reserves the right to make such determination.
- I will remember at all times that my pet and its actions, my behavior, actions and attitude represent all therapy animals in the eyes of the public.
- I agree to abide by The Foundation for Pet Provided Therapy's policies and procedures concerning the regulation of fundraising, promotion, and all other activities including any revisions, as they are handed down from time to time.
- 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.

Signature: _____ Date: _____

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

The Foundation for Pet Provided Therapy is a nonprofit, charitable organization. All officers and board members are unpaid volunteers. The Foundation for Pet Provided Therapy pays no salaries and does not rent office space. All funds are used to pay for direct operating expenses (postage, printing, member supplies, insurance and so on). In the future, the Foundation for Pet Provided Therapy would like to have enough funds to use for new therapy programs, educational programs for pet owners and for health care professionals, and to offer scholarships for young people going into canine and health care related fields.

**Questions? Call The Foundation for Pet Provided Therapy at (760) 740-2326
or email at info@loveonaleash.org .
Thank you.**