



Application Checklist **for Cat or Rabbit Therapy Team**

- ♥ **NOTE:** Every person who will be a handler for a cat or rabbit must submit a completed **Control Evaluation, Supervised Visits Log, Visit Evaluation, and Membership Application.**
- ♥ All forms, photos, and checks must be mailed together, in the same packet (except for digital headshot of pet and handler.) **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 up to 4 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 **Love on a Leash® Control Evaluation** (p.2)
The Control Evaluation must be administered by a veterinarian. See page 2 of the Cat or Rabbit Application for further instructions.
- ♥ Completed **Supervised Visits Log** (p.3)
Contact a chapter near you for a list of approved visits. If there is no chapter near you, or certified Love on a Leash team near you, contact Love on a Leash® for instructions. You may not begin visiting until you have successfully completed the Control Evaluation. See page 3 of the Cat or Rabbit Application for further instructions.
- ♥ Completed **Visit Evaluation** (p.4)
The Control Evaluation and the Visit Evaluation must be done by two different evaluators not of the same family or household and not at your place of employment or location you are regularly associated with. It is to be completed after successfully completing a minimum of ten (10) 1-hour supervised visits. See page 4 of the Cat or Rabbit Application for further instructions.
- ♥ Complete **Membership Application packet** (all pages (p.5-7) of the application are required).
All documents must be completed and submitted within one year from date of Control Evaluation.
- ♥ Include with your application, two (2) different full-body **photographs** of your pet (insurance requirement).
- ♥♥ **Email one headshot each** of the pet's face and handler's face for photo IDs to assistant@loveonaleash.org.
Please email photos in portrait orientation (*alone, no sunglasses or darkened progressive lenses, please*). In your email, include your name, your pet's name, breed, phone number, and address.

Submit **all** 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

(**Note:** Please do not send by UPS or FedEx. They do not deliver to PO Boxes.)

Thank you!



CONTROL Evaluation for Cats or Rabbits

- ♥ **Note: YOU MUST COMPLETE AND PASS THE CONTROL EVALUATION before starting your Supervised Visits.**
- ♥ The Control Evaluation must be completed by a licensed veterinarian.
- ♥ **Make a copy of this completed Control Evaluation to carry during supervised visits.**
- ♥ Supervised visits and the entire Membership Application must be completed and submitted within one year from date of Control Evaluation.
- ♥ Candidates for membership must be at least 18 years old and may not evaluate their own pets or pets they may become certified with. The Control Evaluation and the Visit Evaluation must be completed by two different evaluators and may not be in the same family or household.

NOTE: ANY PET WHO SHOWS AGGRESSION TOWARD A PERSON OR ANOTHER ANIMAL IS AUTOMATICALLY DISQUALIFIED.

Pet's Name _____ Breed _____ DOB _____ (____ Yrs) *must be 1 Yr or older*
(MM/DD/YYYY, or date of rescue if DOB unknown)

Handler's Name _____

Phone Number _____ Email _____

Handler's Address _____ City _____ State _____ Zip _____

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 house-trained?..... 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. Has the pet been well-mannered during this 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?..... YES NO
(If yes, explain on back of this page)

FOR VETERINARIAN ONLY: Fill out completely & legibly. Incomplete Control Evaluations will not be considered.

Veterinarian: _____ Clinic Name: _____

Clinic Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Veterinarian's Signature: _____ Date of Evaluation: _____



SUPERVISED VISITS LOG for Cats or 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, Certified Love on a Leash® Team, or a substitute **pre-approved** in writing or email by National Love on a Leash®. Contact a chapter near you for a list of approved visits. If there is no chapter near you, contact Love on a Leash® for instructions. **If you do not seek pre-approval for a substitute, your application packet will be rejected.**
- ♥ Candidates for membership must be at least 18 years old and may not evaluate their own pets or pets they may become certified with. The Control Evaluation and the Visit Evaluation are to be done by two different evaluators and may not be in the same family or household, and may not occur at places of employment or places the handler is regularly associated with.
- ♥ All visits are as a volunteer only. No form of payment may be received while on any visit.
- ♥ No more than one hour per day can be counted during the probationary (supervised visits) period.
- ♥ Supervised Visits and Membership Application (p.2-7) 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 a certified Love on a Leash® team who supervised at least 5 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 _____

Handler's Name _____ DOB _____ (MM/DD/YYYY)
(Must be one year or older, or rescue date, if DOB unknown)

Visit	Date	Length	Name of Facility	Supervisor's Printed Name & Signature in Same Box	Comments
1 <small>(example)</small>	4/24/20	60 min	Meadows Retirement Home	<i>Jane Smith</i> Jane Smith	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 or Rabbits

- ♥ **INSTRUCTIONS TO EVALUATOR:** This evaluation is to be filled out by a Visit Captain, Certified Love on a Leash® Member, or **pre-approved** substitute by National who has supervised the cat or rabbit 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. **If you do not seek pre-approval for a substitute, your application packet will be rejected.**
- ♥ **Treats may not be offered to the pet during supervised visits.**
- ♥ No more than one hour per day can be counted during the probationary (supervised visits) period.
- ♥ Candidates for membership cannot evaluate their own pets or pets they may become certified with, and may not occur at places of employment or places regularly associated with.
- ♥ The Control Evaluation and the Visit Evaluation are to be done by two different evaluators and may not be in the same family or household.

Pet's Name _____ Handler's Name _____ Control Eval date _____

Phone Number _____ Email _____

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

I have checked the Control Evaluation to ensure the date of the evaluation is dated within one year, and the questions are all answered correctly as intended for a pass. YES NO

1. On how many visits have you observed this therapy team? Number of Visits = _____
2. Does the cat or rabbit seem to like and relate well to people?..... YES NO
3. Is the pet under control of the handler 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. Is 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 this facility?..... YES NO
9. Is there any behavior you would like them to work on that would not disqualify this team for therapy work?..... YES NO

Please explain: _____

Pass YES (all questions answered as intended)

Re-Evaluate (Not ready at this time)

For Evaluator Only: If team is not ready to be certified at this time (see #7, #8, #9), please note - **only you** may re-evaluate this team. Team must send in all completed Visit Evaluation forms when applying for membership. **Please print legibly.**

Name of Evaluator (Required) (Please Print) _____ Title* _____
**(If member, incl. ID#.) e.g. Visit Captain, LOAL Member, Chapter Leader, pre-approved Activities Director, etc.*

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature of Evaluator: _____ Date of Evaluation: _____

Fill out completely. Incomplete Visit Evaluations will not be considered.



Membership Application for Cats or 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 be 18 years old and must complete a Control Evaluation, a Supervised Visits Log, a 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): *(Use the names you go by for both you and your pet.)*

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____

Email Address: _____ Chapter in your Area: _____

(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? _____

2. Tell us about your pet:

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

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

Date of birth (or rescue)(**must be 1 yr or older**): _____ (MM/DD/YYYY)

Weight (lbs): _____ Microchipped? YES NO # _____

Color and any distinct markings: _____

3. Declaration of 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 up to 4 weeks for processing.



Membership Application for Cats or Rabbits

5. Size information (neck measurement) for Love on a Leash® bandana:

Neck Measurement	_____ inches
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6. Fees:

6a. Membership Fees (Choose One)

New Therapy Pet Team (Handler/Pet) \$50.00 \$ _____
(Includes Photo ID for Handler, Photo ID for Cat/Rabbit, **Bandana**, ID Holder, and Love on a Leash® 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 pet's ID number)
(Includes Handler photo ID, Pet Photo ID, and ID Card Holder) **Cat or Rabbit ID #** _____

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

6b. Additional Bandanas (Optional)

Love on a Leash® Bandana: Neck Size: _____ Quantity: _____ x \$15.00 \$ _____
(Note: Purchasing an additional bandana is optional. One bandana is included with your new member packet)

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

6d. TOTAL Enclosed (Please make check payable to "Love on a Leash") \$ _____

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

Applications may take up to 4 weeks for processing.

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



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.

____ 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 (available on the Love on a Leash® website).***

Signature: _____ Date: _____

Love on a Leash® is a not-for-profit, 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.).

Mail Completed Application To:

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

(Note: Please do not send by UPS or FedEx. They do not deliver to PO Boxes.)

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 animal do?
- Is pet therapy right for me, and my animal?
- How can I train my animal to become a therapy pet?
- What kinds of places can I visit with my animal?
- 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 animal 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 [Amazon.com](https://www.amazon.com)