

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 the digital headshot of the 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:

- Be sure to read the Membership Guidelines, and each page of this application.
- \bigcirc Completed Love on a Leash® Control Evaluation (most current version at time of evaluation) (p.5)

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.10)

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.11)

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.12-14) of the application are required).
 - All documents must be completed and postmarked 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 <u>and</u> handler's face for photo IDs to <u>membership@loveonaleash.org</u>.

Please email photos in portrait orientation (alone, no sunglasses or darkened progressive lenses, please). In your email, include your full name, your pet's called name, breed, phone number, and address.

Submit <u>all</u> 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!



Evaluator Guidelines for CONTROL Evaluation for Cats or Rabbits

- ▼ This evaluation for cats or rabbits must be administered by a licensed Veterinarian and must be fully and successfully completed before going on any Supervised Visit.
- ▼ The handler may talk to the cat or rabbit and encourage him, but *no treats or other incentives* may be used during the 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 are to be done by two different evaluators and may not be in the same family or household.
- Your pet must be a minimum of one year old before beginning the certification process. If a rescue, re-homed or career change pet, it is strongly recommended you take a minimum of 6 months to bond with this pet and get to know its reactions in various situations.
- ▼ The Love on a Leash® Control Evaluation tests the temperament of the cat or rabbit and the amount of control the handler has in various situations. These guidelines are meant to give the evaluator objective criteria and to make the test as consistent as possible in all parts of the country.
- 1. I have read and will abide by the Love on a Leash® Evaluator Guidelines (pages 2-5) accompanying this form when evaluating this team.

As an evaluator you are responsible for deciding whether or not this team is ready to begin their supervised visits. By signing off on a team you acknowledge that this team has satisfactorily performed all required tasks on the Love on a Leash® Control Evaluation. Please include a business card in case you need to be contacted by National Love on a Leash®.

2. I, the evaluator, have verified that this pet is at least one year old.

If the cat or rabbit is not at least one year old, then the cat or rabbit may not be evaluated until they reach one year.

3. Is the pet healthy and clean?

The cat or rabbit should be prepared for this evaluation as he would be for an actual visit. He should be clean, brushed, and trimmed if necessary. His nails should be trimmed and filed so they will not easily scratch. He should be visibly well cared for.

4. Is the pet up to date on all recommended vaccinations?

The cat or rabbit must be up to date with any shots mandated in your state.

5. Does the pet owner safely control the pet around people and other animals?

The pet should be comfortable in the handler's arms or on a table. Even if the cat or rabbit is friendly, the handler must be mindful of other animals that may also be on visits who may not be as friendly. The cat or rabbit should never be placed on the ground or near another animal that the handler does not know. You should have one of your employees approach the cat or rabbit in an erratic manner, and observe both the handler and the pet to make sure the pet does not become scared and try to run, scratch, or bite.



6. Does the pet wear a leash, collar, harness, or other control device?

Love on a Leash® requires all pets to be on a 4' leash at all times while on any Love on a Leash® visit. The cat or rabbit may wear either a collar or harness to which the leash must be attached. For this evaluation, the pet should wear a collar or harness with a 4' leash.

7. Is the pet house-trained? If No, does this appear to be a problem? (For example, rabbits should be held in a towel.)

The cat or rabbit should not urinate when fearful or anxious. Similar to a dog, the handler should allow the cat or rabbit ample time to do her business before a visit begins.

8. Has the pet been well-mannered during this exam?

The cat or rabbit must have appeared to have enjoyed being examined, touched after being petted, and held during this exam.

9. Does the pet seem to enjoy being touched or handled by people other than the handler?

You, the veterinarian, should pet and hold the cat or rabbit to see if the pet enjoys being touched and held by someone other than the handler. Employees at the veterinarian's office should also pet the cat or rabbit to be sure he enjoys being petted and held by multiple people, if possible. While petting the cat or rabbit, also pet the nose and ears. The pet should appear relaxed and content.

10. Does the pet's personality seem to suggest that this pet would make a good therapy pet?

Are there areas that could use some work? These may be areas that would disqualify the cat or rabbit for therapy work or there may be something that the evaluator feels one or both could be better with practice or training. A couple of examples may be that the cat or rabbit only enjoys being looked at and not petted, or the cat or rabbit appears nervous. Or, perhaps the cat or rabbit enjoys being petted for a very short period of time and then swipes or bites whoever is petting him.

11. Do you recommend that this pet be included in our therapy pet program?

Does the cat or rabbit seem relaxed and enjoy being in the company of others? If there is no fear detected or sudden urination, then this animal should enjoy being a therapy pet.

12. Does this pet exhibit signs of struggling, fighting, scratching, or biting?

If there is the slightest sign of stress exhibited through struggling, fighting, scratching, or biting, the evaluation must be discontinued, and the pet must be disqualified.

13. 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?

Are there areas that could use some work? These may be areas that would disqualify the pet for therapy work or they may just be something that the evaluator feels they could use more time to become a better therapy team. You may offer suggestions to help the handler better prepare the cat or rabbit for therapy work.



CONTROL Evaluation for Cats or Rabbits Page 1 of 2

Instructions:

- ▼ Note: YOU MUST <u>COMPLETE AND PASS</u> THE CONTROL EVALUATION <u>before</u> starting your Supervised Visits.
- ▼ The Control Evaluation must be completed by a licensed veterinarian.
- ▼ Treats or other incentives may not be used during the evaluation.
- **▼** Make a copy of this completed Control Evaluation (p.5) to carry during Supervised Visits.
- ▼ Supervised Visits and the entire Membership Application must be completed and postmarked within one year from the date of the 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.

Continue to next page for the Control Evaluation Form



CONTROL Evaluation for Cats or Rabbits Page 2 of 2

| Pe | t's Name | Breed | DOE | 3 (MM/DD/YYYY, or date of | | | | |
|--|--|--|---------------------|------------------------------|--------------------|-----------------|--|--|
| На | ndler's Legal Name | | | • | rescue ii DO | D UHKHOWH) | | |
| Ph | one Number | E | mail | | | | | |
| На | ndler's Address | | City | State | Zip | | | |
| 1. | I have read and will a form, when evaluating | abide by the Love on a Lea | sh® Evaluator Gu | idelines (page 2-3) ad | ccompanyi □ YES | ng this □ NO | | |
| 2. | I, the evaluator, have | verified that this pet is at le | east one year old. | | □ YES | □ NO | | |
| 3. | Is the pet healthy and | d clean? | | | 🗆 YES | □ NO | | |
| 4. | Is the pet up to date | on all recommended vacci | nations? | | □ YES | □ NO | | |
| 5. | Does the pet owner s | safely control the pet aroun | d people and othe | er animals? | 🗆 YES | □ NO | | |
| 6. | Does the pet wear a | leash, collar, harness, or o | ther control device | e? | □ YES | □ NO | | |
| 7. | If not, does this appe | ed? ar to be a problem? <i>(For</i> e | xample, rabbits sh | nould be held in a tow | | □ NO | | |
| 8. | Has the pet been we | II-mannered during this exa | am? | | □ YES | □ NO | | |
| 9. | Does the pet seem to | enjoy being touched or ha | andled by people o | other than the handle | r?.□ YES | □ NO | | |
| 10 | 10. Does the pet's personality seem to suggest that this pet would make a good therapy pet? □ NO | | | | | | | |
| 11. | . Do you recommend t | hat this pet be included in | our therapy pet pro | ogram? | □ YES | □ NO | | |
| 12 | . Does this pet exhibit | any signs of struggling, fig | hting, scratching o | or biting? | YES | □ NO | | |
| 13 | | dler appear to have any tra at may interfere with their | • | • | □ YES | □ NO | | |
| FOR VETERINARIAN ONLY: Fill out completely and legibly. Incomplete Control Evaluations will not be considered. | | | | | | | | |
| Fı | ull Name: | | | | | | | |
| С | linic Name: | | | | | | | |
| | | | | | | | | |
| С | ity: | | State: | Zip Code: | | | | |
| Ve | eterinarian's Signature: | | | Date of Evaluation | າ: | | | |



Evaluator Guidelines for VISIT Evaluation for Cats or Rabbits

- ▼ This evaluation is to be filled out by a Visit Captain, or an experienced Love on a Leash® therapy member. If there are no Love on a Leash® teams in your area, an experienced facility employee (i.e. Recreational Therapist or Activities Director, etc.) may substitute as an evaluator who agrees to supervise you for the minimum 10 visit hours. You must first contact Love on a Leash® by email to request pre-approval of a substitute supervisor at info@loveonaleash.org. A completed APPROVED substitute form must be included with your application packet for processing. Whenever possible, however, a team in training must pair up with a certified Love on a Leash® team for their supervised visits.
- ▼ All parts of the evaluation must be performed with the pet on a <u>4-foot leash</u>. If the pet shows aggression towards any person or pet, the evaluation *must* be stopped and the pet disqualified. The handler may talk to the pet and encourage him, but *no treats* or other incentives may be used during the evaluation. Additionally, no prong, pinch or electronic collars, of any kind, may be used.
- ▼ The recommended ratio of Love on a Leash® supervisors to teams in training is 1 supervisor per 1 team in training, or 1 supervisor per 2 teams in training (without the supervisor's pet present). Non-Love on a Leash® substitute supervisors may only supervise 1 team in training per hour.
- ▼ Certified members may not evaluate/supervise their own pets with a candidate for membership, nor pets they share a home with, nor pets they may become certified with. Family members may not evaluate/supervise another family member for certification.
- ♥ Supervised visits may not occur at the handler's place of employment or places they are regularly associated with.
- ▼ The Love on a Leash® Visit Evaluation is to evaluate the team and the amount of control the handler has in various situations. These guidelines are meant to give the evaluator objective criteria and to make the evaluation as consistent as possible in all parts of the country.
- ♥ Hardware stores, pet stores, malls and similar are unacceptable supervised visits for teams in training.

The Supervisor/Evaluator at the <u>first</u> supervised visit, must check the Control Evaluation to be sure the date of evaluation is within one year, and the questions are all marked correctly. If they are, then continue to fill out the first visit information on the Supervised Visits Log. This same procedure is to be done by the Supervisor/Evaluator who will be signing the Supervised Visits Evaluation. This is to ensure that the Control Evaluation has been successfully completed and passed within the one-year time frame.

1. On how many visits have you observed this therapy team?

In order to sign this evaluation form, you must have observed this team for at least five of the mandatory ten (10) hours. The Visit Evaluation form may not be signed until the minimum 10 hours of supervised visits have been completed. If a team begins their supervised visits with you, and completes 5 visits with you, then goes to another facility to complete more hours, they must come back to you for their final visit so you may officially complete and sign their Visit Evaluation form.

Additionally, if you do not feel this team is ready to be certified after 10 hours, you may request additional visits under your supervision. Currently, there are three additional blank lines on the Supervised Visit Log for this purpose. You may ask the team in training for more than three additional visits if needed. If you do ask for additional



training/supervision, **do not sign** the Visit Evaluation until the team has completed those supervised visits and you are satisfied that they are ready to be certified.

2. Does the cat or rabbit seem to like people and relate well to people?

Cats should look relaxed and have a happy demeanor. They should not be stiff or tense or aggressively flicking their tails. Cats should have 'soft' eyes – their eyes should blink slowly and not be wide-eyed or alert which can denote fearfulness. Cats may sit down and tuck their paws underneath themselves, a sign of relaxation. Cats should not hiss, growl, or spit. Relaxed and happy cats may purr.

Rabbits show their mood largely through the position of their ears. Relaxed rabbits have their ears straight up and close together, facing outward or forward. Ears that are back or pinned against the head may indicate anxiety. The rabbit's entire body language should also be monitored. Relaxed rabbits will lay down and look restful. Relaxed rabbits may sprawl out with their rear legs out to one side and their front feet bucked forward. Rabbits are also known to make sounds when they are happy. Purring or sighing are signs of a content rabbit. An agitated or fearful rabbit may ignore you, flick their feet at you, or be perched ready to hop away.

3. Is the cat or rabbit under control of the handler when it interacts with others?

As with our dog therapy members, both cats <u>and</u> rabbits must be on a 4-foot leash at all times when on a visit. They may use a harness or a collar that attaches the leash to the cat or rabbit. Handlers may carry their cats or rabbits in their arms. Some handlers use a pet stroller to carry and contain their therapy cat or rabbit while on a visit, in addition to the harness/collar and leash. Be sure the stroller is not too big or bulky – the location must be able to accommodate it. The handler should never be so engrossed in conversation that he/she does not know what their cat or rabbit is doing at all times.

- **4.** Is the handler able to get the pet close enough to people during visits? It is a good idea to carry a lap blanket or towel for those who wish to hold their cat or rabbit, to protect against scratches should the animal become spooked. The handler should be right there with their pet and paying attention to him while conversing.
- 5. Is the handler able to initiate conversations with people & stimulate interest in their cat or rabbit?

It can be difficult at times to strike up a conversation with a complete stranger. However, while doing therapy work this will more than likely occur at each visit. Can the handler walk up to a person and talk to them? Does the handler attempt to converse with those who do not wish to speak or are unable to speak? Does the handler present their cat or rabbit in a positive and happy manner?

6. Does the handler relate well with people in general?

Does the handler enjoy talking to people and seem genuinely interested in those they are visiting? Does the handler check before approaching to ensure there are no allergy issues?

7. Based on your observations, do you feel this team is a good candidate for pet therapy at this time?

Considering all of these questions, does this team appear ready to be on their own without any further supervision? If you do not feel the team is ready, additional visits should be requested by you and under your supervision.

8. Would you like this cat or rabbit and its handler to continue visiting your facility?

This answer should be YES. If not, please mark NO on the Visit Evaluation and note the reason. The Visit Evaluation should not be signed off at this point. If extra visits may help, please request them. If not, let the team know you are not comfortable signing them off due to the issue(s) present.



9. Is there any behavior you would like them to work on that would not disqualify this team for therapy work?

Some examples could be, but are not exclusive:

- The cat, rabbit, or handler is a bit shy and could use more training.
- The cat or rabbit is exhibiting concern, but is not reacting to types of hospital equipment such as wheelchairs or a walker, etc.
- The handler is still working on specific sound sensitivity issues.



SUPERVISED VISITS LOG for Cats or Rabbits

Page 1 of 2

- **▼** Note: Your Control Evaluation is to be completed before starting your Supervised Visits.
- ♥ On each visit, you must bring your Supervised Visits 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.
- **▼** No treats or other incentives may not be offered during supervised visits.
- ▼ The entire Membership Application must be completed and postmarked within one year from the date of the 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 (p.4) must be completed by a certified Love on a Leash® team who supervised at least 5 of the required hours. It 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 Visit Evaluation form.

The section below is for additional visits, in case you are asked to do more than 10 visits.

| Visit # | Date | Length | Facility Name | Supervisor's Name Print <u>and</u> Sign | Comments / Examples |
|------------|------|--------|---------------|--|---------------------|
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |



SUPERVISED VISITS LOG for Cats or Rabbits Page 2 of 2

| Pet's Name: | | | | Cat or Rabbit: | | | |
|--------------------------|--------------|-------------------|------------------------------------|---|---|--|--|
| Breed: | | | | | Pet's DOB: | (M/D/YYYY) | |
| Handle | r's Lenal I | Name [.] | | • | · | s unknown, use date of adoption | |
| | st Super | | | | | | |
| Before | signing | the first su | | | | ne date on the evaluation is | |
| | | | ple to visit. | correctly. If they are, | , sign nere. <u>II not, do n</u> | ot sign, and send the team | |
| X(Supervisor Print Name) | | | | x | | X | |
| (Supe | ervisor Prin | it Name) | | (Supervisor's | Signature) | (Control Evaluation Date | |
| Visit # | Date | Length | Facility Name (use back if needed) | Supervisor's Name Print <u>and</u> Sign | Comme | nts / Examples | |
| e.g. | 9/21/22 | 60 min | Meadows Retirement Home | Jane Smith Jane Smith | [cat] and pet does not ap of pet / Handler distracted | ns shy or scared / Tail is flicking pear to like visiting / Nice control d easily, does not pay attention to nuggles well, etc. | |
| 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 5 of the minimum 10 supervised visits, and is to be completed after at least 10 supervised visit hours have been completed and documented on the Supervised Visits Log. If you did not seek pre-approval for a substitute, your application packet will be rejected.
- **▼** Treats or other incentives may not be offered to the pet during supervised visits.
- ▼ No more than 1 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 visits may not occur at their place of employment or places they are regularly associated with.
- The Control Evaluation and the Visit Evaluation are to be done by two different evaluators and they may not be in the same family or household.

| Pet | t's Name | Handler's Legal Name | Control Eval Date | | | | |
|---------------------------------------|---------------------------------------|--|--------------------------------|------------------------------|--|--|--|
| Pho | Phone Number Email | | | | | | |
| Handler's Address City State Zip Code | | | | | | | |
| | | I Evaluation to ensure the date of the ev d correctly as intended for a PASS. | | ne year, and the YES □ NO | | | |
| 1. | On how many visits have you | observed this therapy team? | Number of Visits = | | | | |
| 2. | Does the cat or rabbit seem to | o 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 in | terest in the pet? | YES □ NO | | | |
| 6. | Does the handler relate well v | 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 | s handler to continue visiting this facility? | | YES □ NO | | | |
| 9. | , | uld like them to work on that would not disc | | YES □ NO | | | |
| Ple | ease explain: | | | | | | |
| | PASS □ YES (<u>all</u> qu | uestions answered as intended) R | E-EVALUATE □ (Not ready a | at this time) | | | |
| tea | m. It is the team's responsibility to | eady to be certified at this time (see #7, #8, #9), o send in all completed Visit Evaluation forms we Print) | hen applying for membership. F | Please print legibly. | | | |
| Address City State Zip | | | | | | | |
| | | | | | | | |
| | nature 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.

| Tell us about yourself (Please PRINT clear) |
|---|
|---|

| Legal Name: | | P | referred Name: | |
|---------------------------|---|----------------------|----------------------|---------------------------------------|
| | | | | Bill vs William) |
| | | | | |
| | State: | | | |
| Phone (н): | | Phone (c): | | |
| Email Address: | | Chapter in you | r Area: | |
| (Optional) In Case of Er | mergency, please list a phone number of | f an emergency cont | act: | |
| □ I confirm that I am | at least 18 years of age. | | | |
| Have you and/or your p | et ever been involved with another thera | nov pet organization | where vour membersl | hip has been |
| | , or revoked? | | • | |
| 2. Tell us about you | | | | |
| - | | 5 | | |
| | | | | |
| Breed: | | _ Sex: □ M □ F | Spayed or Neutered | d? □ 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 n | narkings: | | | |
| 3. Declaration of Be | havior: | | | |
| • • | n signs of aggression to other animals on the circumstances on supplemental | | | 🗆 YES 🗆 NO |
| | rmation: (Listed Veterinarian must havealth and current vaccinations) | ave examined the | pet in the past year | and be able to |
| Veterinarian: | | Date of | Last Exam: | · · · · · · · · · · · · · · · · · · · |
| Vet's Address: | | Pł | ione: | |
| City | | State: | 7in: | |

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 | | |
|---|----------------------------|-------------------------|--|-------------------|--|
| 6. Fees: | | | | | |
| 6a. <u>Membership Fees</u> (Choose One) | | | | | |
| New Therapy Pet Team (Handler/Pet) (Includes Photo ID for Handler, Photo ID for Cat/Rabb | oit, Bandana , ID I | Holder & Love on a Lea | \$50.00 sh® Certificate) | \$ | |
| Additional Handler (For Cat or Rabbit Alre (Additional handler must complete Control Evaluation | , | , | \$15.00 Evaluation forms with the p | \$et's ID number) | |
| (Includes Handler photo ID, Pet Photo ID & ID Card H | lolder) Cat or | Rabbit ID# | | | |
| Current/Continuing Member Adding Add (Member must complete Control Evaluation, Supervis (Includes photo ID for Handler, Photo ID for Cat/Rabb | ed Visits & Visit E | Evaluation forms with a | | \$ | |
| 6b. <u>Additional Bandanas</u> (Optional) | | | | | |
| | | Quantity: | | \$ | |
| (Note: Purchasing an additional bandana is optional. | One bandana is | included with your new | member packet) | | |
| 6c. <u>Donation</u> (Optional) (Thank you!) | | | | \$ | |
| | | | | | |
| 6d. TOTAL Enclosed (Please make ch | neck payable | to "Love on a Le | eash") | \$ | |

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 unde | rstand and agree that: (<i>initial each line</i>) |
|---|---|
| I am responsible for all my pet's actions a | 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, refres | shing obedience commands, and teaching special commands. |
| My pet and I shall be clean, neatly groom date on all state required vaccinations. | ed and healthy on each visit. My pet shall be parasite-free and up to |
| I will remember at all times that my pet ar all therapy teams in the eyes of the public. | nd its actions as well as my behavior, actions, and attitude represent |
| I agree to abide by all of Love on a Leash | ® policies and procedures, including any revisions. |
| entities, therefore, Love on a Leash® trademar payment of any kind. If, as a handler of a there | blunteers. Love on a Leash® is not affiliated with any for profit its or apparel may not be utilized during any activity that involves apy pet, I am at work or working in any capacity with my pet, then st be removed from the pet and handler until our therapy team's |
| , ,, | er do this work due to age, illness, disability or behavior problems, I sh®. Love on a Leash® Board of Directors reserves the right to make a suitable to continue on visits. |
| I understand and agree that the Love on my pet or me to continue as a participating me | a Leash® Board of Directors has the complete discretion to disallow mber. |
| <i>,</i> | Love on a Leash® policies, procedures and guidelines (including any at the discretion of the Love on a Leash® Board of Directors. |
| I give Love on a Leash® permission to us education or promotion of Love on a Leash® a | se my photograph and the photograph of my pet for the purposes of nd its programs. |
| I have read and agree to abide by the 0 | Owner/Handler Agreement. |
| I have read the Membership Guideline | s (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 (insurance, member supplies, printing, postage, etc.).

Mail Completed Application To:

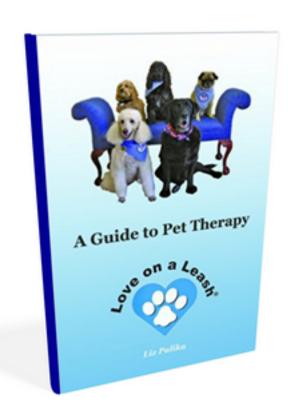
Love on a Leash® PO Box 4548 Oceanside, CA 92052-4548

(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