



READ: Application Pack: 2017

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Checklist

(please ensure you have the following to submit with your hard copy form on the day of your assessment)

1. Application form
2. Reference form
3. Copy of vaccination certificate for each pet
4. Letter from your vet regarding your pet's state of health

Please email the completed form to the Marieanna le Roux at mclr@sun.ac.za



Key Points about Pets as Therapy, Prerequisites & Guidelines for Application

Owner's Details	Please complete all sections in BLOCK capitals. If you are registering more than one animal, each animal requires its own application.
Check List	<ul style="list-style-type: none"> • Dogs/cats must be minimum of 18 months of age • Dogs/cats must have been with volunteers for at least 6 months • Dogs/cats must enjoy social interaction with people. • Dogs/cats must be free from internal and external parasites. • Dogs/cats must have vaccinations up to date. <p>A copy of the vaccination certificate must be accompanied by a veterinary certificate stating that your pet is fit and has no health problems that would negatively impact on your pet if it became a PAT visiting dog/cat.</p>
The questions and your responses on the application	<p>The assessment is important for a number of reasons, so please be honest in your assessment of your animal.</p> <ul style="list-style-type: none"> • We have to minimise the risk of any mishaps between your pet and residents (human or otherwise) of institutions you visit. • We want to ensure that your animals are not stressed when they visit. • We want you to find the visits positive and fulfilling and not stressful, embarrassing or difficult. • We want to protect and enhance the good name which Pets as Therapy has developed.
Insurance	<p>PAT has organised public liability insurance for untoward events occurring in institutions.</p> <p>Dogs trained for protection or bite work are not covered by our public liability insurance and we therefore have to exclude these dogs from PAT.</p>
Fees – 2014/2015	<ul style="list-style-type: none"> • R180 per annum, payable in advance. Please see options for payment further on in this pack. Fees may be discounted or waived for those who cannot afford them (Pensioners or struggling students!). If you are a current paid up member of PAT you don't have to pay again. • Donations are gratefully accepted and will be acknowledged.
READ Apparel (required)	<p>Golf – shirts: R 160</p> <p>Sweatshirts: R 220</p> <p>Pet Bandanas: use current PAT one</p>



Application Form to Register with Lees – Ukufunda – Read program

Please complete all sections in BLOCK CAPITALS. Please sign declaration at end of document		Are you registered with PAT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Title:</i>		<i>Surname:</i>	
<i>Initials:</i>		<i>First name:</i>	
<i>Postal address:</i>	<i>Code:</i>		
<i>Home address:</i>	<i>Code:</i>		
<i>Email address:</i>		<i>Cell:</i>	
<i>Phone (home):</i>		<i>Phone (work):</i>	
<i>How did you hear about PAT?</i>			

Pet's Details

Please complete a separate pet's information section for each pet.

Pet's name: _____

Gender: Male Female

Breed: _____

Age: _____

Are your pet's vaccinations up to date? (please produce the vet's certificate at assessment - unvaccinated dogs cannot be accepted).

Yes No

Neutered? Yes No

How long have you lived with/known your pet? _____

Did your dog attend socialisation and training before the age of 4 months

Yes No

Has the dog attended any obedience training after 5 months of age?

Yes No

Does your dog hold a Canine Good Citizen certificate?

Yes No

If Yes, what level: _____

Are you a member of any dog training school or club?

Yes No

If Yes, name of school/club: _____

Has your dog ever been trained for protection or bite work?

Yes No

Is your dog a guide dog/service dog?

Yes No

If Yes, please give details: _____

Briefly describe how your pet currently responds to:

Children: _____

New Environments: _____

Other dogs: _____

Why do you think your dog would be suitable for the Read program? _____

Briefly describe your pet's personality:



Applicant's Declaration

When your pet is accepted as a registered Pets as Therapy animal, do you agree that at all times you will:

- **Observe confidentiality – this is paramount at all times. Any information gleaned during your visits must remain strictly confidential. Kindly refer to your copy of the PAT handbook, point 17.2, on page 14.**
- **Respect institutional values, purpose, regulations and missions at all times (refer to handbook for further information).**
- **Avoid extracurricular contact with children/patients/institutionalised residents without first clearing this with the PAT Executive Committee *and* facility management (refer to handbook for further information).**
- **Make regular visits with your pet and share your pet to the benefit of the community concerned.**
- **Present your PAT pet at an institution in accordance with both PAT rules and regulations covered in our handbook, as well as those of the institution concerned.**
- **Maintain and present your PAT pet in good health, well groomed and free from parasites.**
- **Accept complete responsibility for your own actions and that of your dog. As a result you indemnify Pets as Therapy from any and all claims which may arise from any incidents or accidents occurring during and all visits to institutions as a member of Pets as Therapy South Africa.**
- **Display your Pets as Therapy identity badge when visiting institutions as a PAT representative.**
- **Keep your PAT pet on a leash at all times, unless otherwise agreed upon with staff.**

To the best of my knowledge and ability I hereby certify that I have answered truthfully all of the questions in this application form and agree to abide by the Pets as Therapy code of ethics for therapy dogs as indicated above. I also indemnify Pets as Therapy South Africa from any and all claims that may arise from any incidents/accidents occurring during any and all visits to institutions as a member of Pets as Therapy South Africa.

Signature of Pets as Therapy Applicant/Member: _____

Place: _____ *Date:* _____

Witness – full name and signature: _____



Reference Requests

Please provide the names and addresses of two people (not relatives) whom we can contact as character references. They will need to have known you for at least 5 years.

Reference One

<i>Title:</i>		<i>Surname:</i>	
<i>Initials:</i>		<i>First name:</i>	
<i>Relationship to you:</i>			
<i>Email address:</i>		<i>Cell:</i>	
<i>Phone (home):</i>		<i>Phone (work):</i>	

Reference Two

<i>Title:</i>		<i>Surname:</i>	
<i>Initials:</i>		<i>First name:</i>	
<i>Relationship to you:</i>			
<i>Email address:</i>		<i>Cell:</i>	
<i>Phone (home):</i>		<i>Phone (work):</i>	

Payment Options

Annual Membership fees are R180.00

Further information regarding payment will be given to you once your assessment is complete.

Cheques: to be made out to ***Pets as Therapy***

Direct Deposit details:

Banking Details

Account name: Pets as Therapy

Bank: ABSA

Branch code: 632005

Account: 4060497683