



**KEY POINTS ABOUT
PETS AS THERAPY
& GUIDELINES FOR APPLICATION**

Owners Details	Please complete all sections in BLOCK CAPS . If you are registering more than 1 animal, each animal requires its own application.
Check List	<ul style="list-style-type: none"> • Dogs must have been with volunteers for at least 6 months. • We prefer dogs that are over 18 months old. • Dogs must have vaccinations up to date. 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.
The questions and your responses on the application form.	<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 and other animal) of institutions you visit. • We want 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	<ul style="list-style-type: none"> • PAT has organised public liability insurance for untoward events occurring in institutions. • Guard Dog & Bite trained dogs are not covered by our public liability insurance and we therefore have to exclude these dogs from PAT.
FEES – 2010	<ul style="list-style-type: none"> • R120 per annum, payable in advance. Please see options of payment further on. Fees discounted or waived for those who cannot afford them. (Pensioners or struggling students!) • Donations are gratefully accepted and will be acknowledged.
Friends of PAT	<ul style="list-style-type: none"> • People who support the principles of PAT, but do not have pets of their own, or a suitable pet. PAT Friends are encouraged to join and participate in PAT activities and events. • A donation would be most welcome
PAT Apparel (required)	<ul style="list-style-type: none"> • T-shirts R90 • Sweatshirts R145 • Dog bandana's: no charge



**APPLICATION FORM TO REGISTER
WITH PETS AS THERAPY**

Please complete all sections in BLOCK CAPITALS. Please complete a separate form for each dog.			Are you joining as a Friend of PAT? (please tick here)	
Title:		Surname:		
Initials:		First Name:		
Postal Address:				Code:
Home Address:				Code:
E –mail Address			Cell Phone:	
Phone (H)		Phone (W)		
How did you hear about PAT?				
Please provide your size for T-shirts and sweat shirts.				
Please complete a separate pet’s information section for each pet.				
Pet’s Name		Age:	Gender:	
Breed:		Neutered?	Yes	No
How long have you owned your dog?				
Has your dog received obedience training?			Y	N
Does your dog hold a good citizenship certificate?			Y	N
Has your dog ever been attack-trained, bite trained or trained in Guard Dog techniques?			Yes	No
Are you a member of any dog club or school?			Y	N
Does your dog have a good reliable temperament with other people?			Yes	No
Is your dog under reliable control?			Yes	No
Is your dog under good control with other animals?			Yes	No
Does your dog get on well with children?			Yes	No
Please tick below which applies to your dog?				
Lethargic	Adaptable	Adventurous	Energetic	
Worried by thunder	Eager to please	Calm	Noisy	
Hyperactive	Cautious	Timid	Friendly	
Are your dog’s vaccinations up to date? <small>(Please produce the Vet’s certificate at assessment – unvaccinated dogs cannot be accepted).</small>			Yes	No
Are you a guide dog owner?			Yes	No

PLEASE SIGN THE DECLARATION AT THE END OF THE DOCUMENT



**APPLICATION FORM TO REGISTER
EXTRA PETS WITH PAT**

Please complete all sections in BLOCK CAPITALS. Please complete a separate form for each dog.			Office use:
Title:		Surname:	
Initials:		First Name:	
Please complete a separate pet's information section for each pet.			
Pet's Name		Age:	Gender:
Breed:		Neutered?	Yes No
How long have you owned your dog?			
Has your dog received obedience training? Y N			Level:
Does your dog hold a good citizenship certificate? Y N			Level:
Has your dog ever been attack-trained, bite trained or trained in Guard Dog techniques?			Yes No
Are you a member of any dog club or school? Y N			Name:
Does your dog have a good reliable temperament with other people?			Yes No
Is your dog under reliable control?			Yes No
Is your dog under good control with other animals?			Yes No
Does your dog get on well with children?			Yes No
Please tick below which applies to your dog?			
Lethargic	Adaptable	Adventurous	Energetic
Worried by thunder	Eager to please	Calm	Noisy
Hyperactive	Cautious	Timid	Friendly
Are your dog's vaccinations up to date? <small>(Please produce the Vet's certificate at assessment – unvaccinated dogs cannot be accepted).</small>			Yes No
Are you a guide dog owner?			Yes No

**PLEASE SIGN THE DECLARATION ON THE NEXT PAGE.
THANK YOU**

APPLICANT'S DECLARATION



When your dog is accepted as a registered Pets as Therapy Dog, 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)**
 - **Avoid extra curricular contact with patients/institutionalised residents without first clearing this with PAT EXCO and facility management. (Refer to handbook).**
 - Make regular visits with your pet and share your pet to the benefit of the community concerned. Present your PAT dog 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 dog 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.
Keep your PAT dog 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 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 Name & 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.

Name:		
Relationship to you.		
Contact telephone numbers:	Cell phone:	
	Work	()
	Home	()

Name:		
Relationship to you.		
Contact telephone numbers:	Cell phone:	
	Work	()
	Home	()

PAYMENT OPTIONS

Payment (cheques/cash) can be made at the time of the assessment. Regretfully, stock cannot be released on credit.

Cheques to be made out to: Pets as Therapy.

Direct Deposits can be made to: ABSA. Branch Code: 632005.
Acct no: 4060497683.

Your completed application form with proof of payment should be brought to the assessment.