

# PET THERAPY OF THE OZARKS, INC

## APPLICATION FOR THERAPY PET EVALUATION

Complete the following application to be placed on the waiting list for the next "Pawsitive" Workshop and temperament evaluation, to be held in February & March and August & September of each year. We have the most need for volunteers who will commit to regular monthly visits. WE MUST be able to count on our volunteers to fill commitments to facilities and patients. Please be truthful on the question of availability and honestly evaluate your pets' temperament. Anyone wishing to handle the pet on a visit must take part in the evaluation. Applications must be received by the first of the August and February.

NAME: \_\_\_\_\_

NAMES OF OTHERS WISHING TO HANDLE PET (MUST BE 18) \_\_\_\_\_ E-Mail \_\_\_\_\_

ADDRESS:(must be within 50 miles of Spfd.) \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ EVENING AFTER(\_\_\_\_\_) \_\_\_\_\_

I AM AVAILABLE FOR THERAPY VISITS:(circle) DAY NIGHT WEEKDAY WEEKEND

HOW OFTEN? MONTHLY 2X'S A MONTH OTHER \_\_\_\_\_

LIST CIRCUMSTANCES THAT MAY AFFECT YOUR AVAILABILITY:(e.g. TEACH -SO MORE AVAILABLE IN SUMMER, LEAVE TOWN FOR WINTER ETC.)  
\_\_\_\_\_

---

YOUR PET: DOG CAT RABBIT BIRD

PETS' NAME: \_\_\_\_\_ BREED \_\_\_\_\_

AGE OF PET:(MUST BE 1 YEAR OLD) \_\_\_\_\_ SEX: \_\_\_\_\_ NEUTERED? \_\_\_\_\_

LIST VACCINATIONS, MUST BE CURRENT: \_\_\_\_\_

WHAT TRAINING HAS YOUR PET HAD AT HOME OR FORMALLY? \_\_\_\_\_

\_\_\_\_\_ SKILLS OR TRICKS? \_\_\_\_\_

HOW DOES YOUR PET RESPOND TO OTHER ANIMALS? FRIENDLY FRIGHTENED  
PROTECTIVE AGGRESSIVE PASSIVE SHY

HOW DOES YOUR PET RESPOND TO: MEN? \_\_\_\_\_ WOMEN? \_\_\_\_\_

CHILDREN? \_\_\_\_\_ STRANGERS? \_\_\_\_\_

BRIEFLY DESCRIBE YOUR PET'S TEMPERAMENT \_\_\_\_\_

---

I have read the Community Good Citizen test and I believe that my pet can pass this evaluation, I understand the \$15.00 test fee will not be refunded if my pet does not pass. I may retest my pet at a later date, unless it was excused for aggression.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

I have accompanied a PTO member on an observation visit: DATE: \_\_\_\_\_

MEMBERS NAME: \_\_\_\_\_ FACILITY \_\_\_\_\_

MAIL THIS APPLICATION TO: PET THERAPY OF THE OZARKS; P.O. BOX 9462 SPRINGFIELD, MO 65801  
FOR FURTHER INFORMATION VISIT OUR WEBSITE AT: [www.geocities.com/Pettherapyoftheozarks](http://www.geocities.com/Pettherapyoftheozarks) or call 848-PETS