



Mini Hooves Providing Smiles a Loving Animals Providing Smiles Program

Bringing acceptance, laughter and love into the lives of others.

Registration for Miniature Horse or Miniature Donkey Handling Skills Class

★ Please complete Sections I & II of this form. Section III is required for potential MHPS/LAPS volunteers only ★
Please print clearly.

Section I - Handler Information

Date _____

Name _____

Address _____

City / State / Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Occupation _____

How did you hear about Loving Animals Providing Smiles? _____

Have you done volunteer work before? Please describe. _____

Have you applied to / or been a member of any other animal-assisted therapy group? If yes, which one(s)? _____

Your safety is our concern. Do you have any restrictions or special consideration that could affect the type of therapy programs you attend? If so, please describe: _____

What is your experience living and/or working with animals? _____

Section II – Equine Pet Information

Your pet's name _____

Species / Breed / Description _____

Pet's Age _____ Pet's Weight _____ Pet's Sex Mare Gelding Stallion

Veterinarian (name and phone) _____

Where did you get your pet? (e.g., animal shelter, animal rescue, breeder, friend)

How long have you owned this animal? _____

How old was the animal when you got it? _____

Please describe the socialization history of your pet. (e.g., How and when did you begin? What have you done? What places has your pet visited? etc.) _____

Good and bad things happen in our pets' lives. Describe any unpleasant experiences with adults, children, crowds or other animals. (e.g., tail pulling, hit with object, injuries, etc.) _____

What is your pet's reaction when he/she meets the following:

Adults

Positive Reaction: _____

Negative Reaction: _____

Children

Positive Reaction: _____

Negative Reaction: _____

Crowds

Positive Reaction: _____

Negative Reaction: _____

Other animals

Positive Reaction: _____

Negative Reaction: _____

Please complete the following phrase:

“My pet may become aroused or reactive when . . .” _____

Describe what he/she does when reacting: _____

Please describe any physical or medical restrictions for your pet.

(e.g., Arthritis, lameness, touch sensitivity, vision/hearing impairment or medications pet receives on a regular basis.)

Why do you think your pet would be a good therapy animal? _____

Is your pet habituated to wearing a halter and walking calmly on a lead rope? yes no sometimes

Would your pet be comfortable during transport to therapy programs? yes no sometimes

Is your pet comfortable with accepting petting from strangers for extended periods? yes no sometimes

How do you tell if your pet has “had enough”?

Will your pet interact with strangers without using a food lure? yes no sometimes

What else would you like us to know about you and your pet?

Information about your Miniature Horse or Miniature Donkey:

How would you describe your mini's temperament, personality, likes, dislikes? _____

How does your mini perform the following basic ground manners?

(Example: relaxed, always complies, resists, or protests in certain cases)

Please be honest and provide complete detailed information. This will help us focus class activities.

Hands On

Equine approaches calmly when requested by owner/handler _____

Haltering & Unhaltering _____

Touching entire body (while haltered) _____

Yielding to Handler

Walking on a Lead Rope _____

Having his/her feet picked up or examined _____

Backing up _____

Stepping to either side _____

When longeing how does your mini respond when asked to:

Move Forward/Back Up _____

Slow Down _____

Whoa and Stand _____

Change Directions _____

Approach the handler _____

During Vet Examinations _____

During Farrier hoof trims _____

While Bathing/Clipping _____

Have you and your mini participated in any of the following activities?

- | | |
|---|---|
| <input type="checkbox"/> Ground driving | <input type="checkbox"/> Halter or Showmanship Competitions |
| <input type="checkbox"/> Cart Driving | <input type="checkbox"/> Parades |
| <input type="checkbox"/> Driving an obstacle course | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> Jumping over railings or obstacles | <input type="checkbox"/> Other |
| <input type="checkbox"/> In Hand Obstacle | |
| <input type="checkbox"/> _____ | |

What else would you like us to know about you and your pet?

Are you taking this class as a potential LAPS/MHPS team _____ or non-LAPS team _____ ?

➡ *Potential LAPS/MHPS teams please complete Section III and submit with this Class Registration.*

The above information is true and complete to the best of my knowledge.

Date: _____ Handler Signature: _____

For contact info plus where to send payment and pet's vaccination records – see Page 7.

Please Note: We expect all handlers and pets to attend every class session as lessons build on skills learned in earlier weeks. Thank you.

➡ Potential LAPS/MHPS teams please complete the following section and submit with this Class Registration

Section III - Volunteer Commitment

Each Therapy Team **must** participate in a minimum of two (2) therapy programs within each month to remain active with Loving Animals Providing Smiles (LAPS).

When making this commitment, please note the following:

- Many of our clients have special needs and require attending staff at the time of our visits. This causes some Loving Animals Providing Smiles therapy programs to occur during the weekday within standard office hours or in the early evening.
- Consider your schedule to include the time to bathe and groom your pet, plus commuting to and from a therapy program.
- Quality animal-assisted therapy requires a significant time commitment for ongoing training throughout the year. Please consider your long-term interest and schedule to allow for extra time to work with your pet outside of therapy programs.

Based on your schedule, please note the times you have available to devote to therapy programs.

(Please mark ALL that apply.)

- Weekday mornings (9:00 am - 12:00 pm)
- Weekday afternoons (12:30 pm - 4:30 pm)
- Weekday evenings (5:00 pm - 7:00 pm)
- Weekend mornings (9:00 am – 12:00 pm)
- Weekend afternoons (12:30 pm – 4:00 pm)

Which days of the week and times of the day would be **BEST** for you to attend therapy programs?

During which of the above times would it be **IMPOSSIBLE** for you to attend therapy programs?

How far are you willing to travel to participate in programs? 1-5 miles 5-10 miles other _____ not sure

Indicate specific client populations you want to serve (seniors, schools, children with emotional/behavioral challenges, hospital patients, community events, equine events) _____

Are you willing to adapt your personal schedule from time-to-time to help cover programs? Yes No

LAPS/MHPS utilizes e-mail as our primary form of communication. Do you check your email regularly and are you willing to respond in a timely manner? Yes No

PRINT EMAIL ADDRESS _____

There are some out-of-pocket expenses associated with LAPS membership such as uniforms, equine vests/halters, fuel cost, etc. Do you foresee this as hindering your participation? Yes No

Because Loving Animals Providing Smiles is a nonprofit, self-supporting, volunteer organization each member helps with ongoing group activities, fundraising, and promotional events. What areas of interest and/or skills can you contribute to LAPS?

- | | |
|---|--|
| <input type="checkbox"/> AAT Experience | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Media Contact |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer / Web | <input type="checkbox"/> Pet Training |
| <input type="checkbox"/> Other _____ | |

When is a good time to call you? (Please give at least two days AND times we can regularly reach you.)

Date: _____ **Handler Signature:** _____

➡ Please return this completed application, payment and a copy of your pet’s current vaccination records to LAPS/MHPS Program Coordinator:

email – val.minihooves@gmail.com
fax to (530) 432-9854
or by mail to P.O. Box 6596, Napa, CA 94581.

Thank you for your interest in joining LAPS and participating in Our Mini Hooves Providing Smiles program.

One of our volunteers will contact you soon!

*Loving Animals Providing Smiles is a 501(c)(3) nonprofit volunteer animal-assisted therapy organization
PO Box 6596, Napa, CA 94581 Office: 707-265-6642 Email: info@lovinganimalsprovidingsmiles.org*