



Loving Animals Providing Smiles

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

Canine Team Application

(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 - Pet Information

Your pet's name _____

Breed / Breed Mix Description _____

Pet's Age _____ Pet's Weight _____ Pet's Sex _____ ☐ Altered ☐ Intact

Veterinarian (name and phone) _____

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

How long have you owned this animal? _____

How old was the animal when you got him/her? _____

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.) _____

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 excited or anxious when . . ." _____

Describe what he/she does when excited or anxious: _____

Please describe any physical or medical restrictions for your pet.

(e.g., Epilepsy, Arthritis or medications pet receives on a regular basis.) _____

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

Is your dog housebroken? ☐ yes ☐ no

Can your dog perform the following basic obedience commands consistently, without physical restraint or food reward, and in a distracting setting outside the home?

Sit, Down, Walk easily on leash, and Stay in place? ☐ yes ☐ no

If not, please clarify: _____

Have you attended formal obedience classes with this dog? If so, please complete the following:

Level/ Class Name	Completed yes / no	Dates Attended (approximately)	Description of commands learned Trainer / Business Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you and your dog *did not* attend formal obedience classes together, please list/describe informal training you have done with this pet.

Has your dog received any special training? (e.g., protection, herding, service, etc.) ☐ yes ☐ no

If yes, please describe. _____

Has your dog ever been in a dog fight, bitten another dog or received a bite? ☐ yes ☐ no

If yes, please explain: _____

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

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

Date: _____ Handler Signature: _____

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 - 7:30 pm)

☐ Weekend daytime (9:00 am - 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? ☐ up to 20 miles ☐ 20-30 miles ☐ over 30 miles

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

LAPS utilizes e-mail as our primary form of communication. LAPS assumes that you check your email regularly and will respond in a timely manner.

PRINT EMAIL ADDRESS CLEARLY _____

There are some out-of-pocket expenses associated with LAPS membership such as uniforms, 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?

☐ Fund Raising ☐ Writing ☐ Social Media ☐ Public Speaking ☐ Media Contact
☐ Photography ☐ _____

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

Signature

Date

Thank you for your interest in joining Loving Animals Providing Smiles. Please return this completed application and a copy of your pet's current vaccination records to:

P.O. Box 6596, Napa, CA 94581.

One of our volunteers will contact you soon.