



## Facility Application for Therapet Services

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Facility/Organization: \_\_\_\_\_

Location (name/address of place services would take place): \_\_\_\_\_

What are the volunteer requirements for your facility? (i.e. application, background checks, etc.)

Please check one:

I am not sure which services are appropriate for my facility (skip questions below).

I know which services are appropriate for my facility (answer questions below).

What services will Therapet provide?      AAT       AAA       Both

Describe what human/animal teams will do at your facility/agency: \_\_\_\_\_

Minimum number of human/animal teams needed per visit: \_\_\_\_\_ Maximum: \_\_\_\_\_

Days of week services needed: (for example: 2nd and 4th Monday evenings every month)

Hours: (time frame human/animal teams should be present; for example: 6:15 pm to 7:45 pm)

*For Therapet Use Only*

Date Rec'd \_\_\_\_\_ Date Approved: \_\_\_\_\_ Date Declined: \_\_\_\_\_ Date of Response: \_\_\_\_\_

Comments (action taken): \_\_\_\_\_

Therapet Official's Signature: \_\_\_\_\_