



TherapyPets

P.O. Box 32288
Oakland, CA 94604-3588
(510) 287-9042
www.therypets.org

Dear Administrator:

TherapyPets trains volunteers and screens their pets to provide animal assisted activities, without charge, to a variety of local facilities including hospitals, retirement communities and schools. Animal assisted activities offer motivational, educational, recreational and therapeutic benefits to improve quality of life by pets visiting people. TherapyPets is a California non-profit public benefit corporation tax exempt under Internal Revenue Code Section 501(c)(3).

Guidelines, training, and education for the owners and their pets are provided to ensure proper etiquette during visits. Photo badges issued annually on a renewal basis identify each team. For more information, see our website <http://www.therypets.org>

To qualify your facility for TherapyPets visits, when volunteer pet teams are available, please complete the attached form - TherapyPets Facility Visit Protocol. Return one copy to TherapyPets and keep one or more copies on file for your facility.

An authorized representative, who can complete all the applicable questions, should complete this form. Page 1 outlines the terms and conditions for visits at your facility. Page 2 provides basic information for our records so that we can best meet your needs. If you have questions about the form, be sure to call or email us, using the link from our website.

Please be sure that both your administrative and activity personnel are familiar with the TherapyPets program. Please do not hesitate to contact us if you have questions or need additional information.

Sincerely,

TherapyPets Board of Directors



TherapyPets

P.O. Box 32288

Oakland, CA 94606-3588

510-287-9042

www.therapypets.org



VERSION: JAN 2007

FACILITY VISIT PROTOCOL INSTRUCTIONS

PAGE 1 OF 1

Completing the TherapyPets Facility Visit Protocol

The TherapyPets Facility Visit Protocol form helps us understand the needs of your facility. This way, we can refer interested volunteer pet teams, and when necessary, contact the appropriate person at your facility. Please complete the form in duplicate and return the original signed copy to TherapyPets.

The form should be completed and signed by a person who has authority to allow TherapyPets Volunteer Pet Teams access to the facility, to make decisions about the variable provisions for our visits and to furnish business information about the facility. This would typically be an employee with management authority such as the administrator of a retirement facility or a school principal rather than the activity director or classroom teacher, although the latter may be responsible for coordinating the actual visits.

Step 1

Read Page One. Fill in the name of the usual business name of actual facility. For example, the "Fine Times Retirement Inn." Check the appropriate category for those who will be receiving visits. For a retirement facility - "residents." The categories are self-explanatory but fill in others if appropriate, such as "members" for an organization.

After reading the terms and conditions for visits, please inform and consult with your staff to complete arrangements for visits and follow through in establishing the program.

Step 2

Page Two asks for information about the facility. This information will be kept in TherapyPets office files for our use in directing and monitoring our volunteers and maintaining contact with you in the future.

Again, fill in the usual business name of the facility and the general description such as "skilled nursing facility" or "Middle Schools, grades 6-8." Tell us the approximate size such as the number of living units, licensed beds, students, etc. Are there usual or restricted visiting days and hours? If there is a specific person in charge of TherapyPets, please fill in the name, as well as the best times to call, the phone and fax numbers and email address, if applicable.

Also, tell us whether visits including more than one animal are acceptable. This might include two or more who regularly visit as a group or, as a separate question, this could include an animal still in the training process but under supervision. If there are one or more current TherapyPets volunteer visitors, please list their names or indicate if there are none by checking the box.

Some facilities are part of larger corporations or other organizations. If so, please furnish the name and type of operation, headquarters address and contact information.

Step 3

Finally, sign and date the completed form as the authorized agent.

COMPLETE BOTH PAGES IN DUPLICATE: 1. RETURN ORIGINALS TO THERAPYPETS. 2. LEAVE COPY OF EACH PAGE WITH FACILITY.

TherapyPets

P.O. Box 32288

Oakland, CA 94606-3588

510-287-9042

www.therypets.org



VERSION: JAN 2007

FACILITY VISIT PROTOCOL

PAGE 1 OF 2

TherapyPets, a California nonprofit public benefit corporation, will provide volunteers with their pets for visits to the: *[check all that apply]*

Residents Patients Clients Students Other: _____

of the _____, (referred to as the "Facility")
under the Terms and Conditions of this Protocol.

Official TherapyPets Volunteer Visits are subject to the following Protocol Terms and Conditions:

1. The Facility shall, if requested by the TherapyPets Volunteer Visitor, provide a representative to be present during animal visit activities.
2. The Facility administrator or representative shall determine the manner of providing individuals' access to the animals.
3. The Facility shall identify and describe individuals' needs including fears, phobias, allergies or behaviors that may be inappropriate or dangerous to other individuals and or animals.
4. The Facility shall ensure that the rights, preferences, medical or other needs of individuals are not compromised by the presence of the animals.
5. The Facility shall designate the visit location and any areas where animals are not allowed.
6. The Facility shall determine, as appropriate for the Facility, the number of individuals participating in the visit and the maximum and minimum number of animals.
7. The Facility shall designate a representative, responsible and authorized to coordinate TherapyPets visit planning with the Facility's communications and activity scheduling.
8. The Facility shall notify TherapyPets of any change in Facility ownership or other status change that could affect volunteer visits.

THERAPYPETS MISSION STATEMENT

TherapyPets is an organization of volunteers and their pets who visit various facilities in order to enrich the lives of children and adults. Through this experience, we all become aware of the rewards of TherapyPets and encourage others to actively participate. Guidelines, training, and education for the owners and their pets are provided to ensure proper etiquette during visits. Our volunteer teams share the love that comes from the human-animal bond.

TherapyPets is a California Non-Profit Public Benefit Corporation with FEDERAL 501(C) 3 tax-exempt status. Donations to TherapyPets may be tax-exempt as the law allows. *The winged-dog graphic and paw-print logo are trademarks of TherapyPets.

TherapyPets

P.O. Box 32288
Oakland, CA 94606-3588
510-287-9042
www.therapypets.org



INSTRUCTIONS

- 1. ALL ITEMS MUST BE COMPLETED.
- 2. COMPLETE FORM IN DUPLICATE.
- 3. AUTHORIZED REPRESENTATIVE MUST SIGN FORM
- 4. RETURN ORIGINAL TO THERAPYPETS.
- 5. LEAVE ONE COPY WITH FACILITY.

VERSION: JAN 2007

FACILITY VISIT PROTOCOL

PAGE 2 OF 2

FACILITY INFORMATION:

Facility Name: _____

Facility Address: _____

Mail Address (if different): _____

Facility City: _____ Zip: _____

Type of facility: _____

Number of: residents: ____ patients: ____ clients: ____ students: ____

Other (describe): _____

Visiting days and hours: _____

Name and title of Activity Director or Contact Person:

Phone: _____ Fax: _____

Email: _____ @ _____

Best time/day to call Contact person: _____

Are multi-animals visits acceptable at this facility? Y N

Are animals in the process of evaluation acceptable at this facility? Y N

Current TherapyPets Volunteer Visitors: _____ None

OWNERSHIP INFORMATION:

Legal Name: _____

Type (check): [] Corporation [] Partnership [] Government [] Other: _____

Owner Address: _____

Owner City: _____ Zip: _____

Phone: _____ Fax: _____

Website: www. _____

AUTHORIZED REPRESENTATIVE:

Name (print): _____ Title: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

COMPLETE BOTH PAGES IN DUPLICATE: 1. RETURN ORIGINALS TO THERAPYPETS. 2. LEAVE COPY OF EACH PAGE WITH FACILITY.