



THERAPY PETS GETTING STARTED KIT

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2. VET FORM 3

WWW.THERAPYPETS.ORG



TherapyPets

Thank you for your interest in TherapyPets. Enclosed is our 'Getting Started' information sheet that explains the basics of how you and your canine pet may become a TherapyPet team. Please read this information and if still interested follow the instructions of contacting TherapyPets.

Please remember that TherapyPets is an all-volunteer organization and our volunteers try to be responsive – but they are our volunteers!

If you and your pet have a reservation for a Orientation, you will need to complete the enclosed Vet Form prior to attending.

Again, thank you for your interest in TherapyPets volunteerism.

Happy tail wagging,

TherapyPets





TherapyPets

P.O. Box 32288
Oakland CA 94604-3588
510-287-9042
www.therapypets.org

Getting Started

VERSION: JAN 2012

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The goal of TherapyPets is to facilitate partnerships between volunteer/pet teams and facilities, for enriching the lives of children and adults. In order to determine if your pet is suited for this type of work, we have a simple intake procedure that will help to evaluate your pet's temperament and to ensure that he or she will have positive, safe reactions to new and unfamiliar situations.

First, leave a voice message on our phone number (510) 287-9042 so that a volunteer may call you back to find out more about you and your dog's readiness for this work. If it seems your pet would currently be a candidate for TherapyPets, we will reserve a space at an upcoming Orientation. Please note that our volunteers typically pick up messages about once a week.

After a space has been reserved for your dog at an **Orientation**, you will need to have your veterinarian complete the http://www.therapypets.org/vet_form.pdf. **You must have this completed in order to attend the Orientation.** These are available on line at our website. Note that the Vet Form does require a stool sample check - allow time for results to be obtained.

Things to bring to an Orientation: a completed **Vet Form**, \$15 Orientation fee (cash or check), photo of your dog (optional - photos taken), and your dog on a short (4-foot) leash. The Orientation will last about two hours. Use only buckle collars (no pinch or Gentle Leader collars.)

At the Orientation you will receive information about what to expect at different types of facilities, and TherapyPets visiting guidelines. Additionally, you and your dog will have a short evaluation to determine how the two of you work together (TherapyPets are evaluated as a team.) This will help to identify your dog's and your own strengths, as well as areas that need improvement.

ORIENTATION SCHEDULE

NOTE - TIME AND LOCATION SUBJECT TO CHANGE. PLEASE ARRIVE 15 MINUTES EARLY, OR EXPECT TO STAY 15 MINUTES PAST END FOR PET'S PHOTOGRAPH

| WEEKDAY | MONTH / DAY / YEAR | TIME | CITY |
|---------|--------------------|------|------|
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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.



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During the Orientation you will be expected to be in control of your dog, and he or she will be expected to have positive, safe reactions in the following situations:

- around wheelchairs, walkers, crutches, and noisy carts
- around other dogs of the same sex and of the opposite sex
- around calm, friendly strangers
- around noisy, "wild" strangers
- while the dog is being gently tugged or pinched on the tail, feet, ears, and side
- while the dog is in a tight corner from which he or she must back out
- doing a "serpentine" walk
- while the dog is being stared at by a stranger
- while the dog is being bear-hugged by a stranger

It is a good idea to test your dog on all of these points well in advance, so that you can identify areas which need improvement and spend time working on them.

After the Orientation you will need to do an **Observation Visit** at a facility. This visit is done without your pet, in order for you to observe a current TherapyPets volunteer/pet team on a visit. Its purpose is to introduce you to Animal Assisted Therapy in a nursing care environment before you introduce your pet to this situation. Information will be provided to you at the Orientation on how to schedule this visit.

After the Observation visit two **Evaluation Visits** will need to be completed successfully, at two different facilities, with two different TherapyPets evaluators. Details on how to schedule these evaluation visits are provided at the Orientation.

After you have successfully completed the two evaluation visits, you will need to send in your paper work along with registration fee of \$30. You will be issued a photo I.D. badge with your dog's picture on it, and a collar tag for your dog. Registration must be renewed annually

We ask that you commit to a minimum of three visits or events (such as Fun Days, Orientations, etc.) per quarter.

Thank you for your interest in TherapyPets

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.



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Dear Veterinarian:

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 on TherapyPets, please visit our website <http://www.therapypets.org>

To qualify canines for TherapyPets visits, we require for candidates to have our Vet Form completed. The results of a fecal exam within the last twelve months are also required.

We appreciate you taking the time to complete this form. Typically, recent information found in a pet's file (except possibly the fecal exam) will be sufficient to complete this form.

Please do not hesitate to contact us if you have questions or need additional information.

Sincerely,

TherapyPets Board of Directors





Veterinarian Information Form

ON-LINE FILL-IN: TYPE HANDLER INFO, THEN PRINT

TherapyPet Handler Information Completed by Volunteer

Handler's Name: _____ Pet's Name: _____
 Address: _____ City: _____ Zip: _____
 Eve(Home): _____ Day(Work): _____
 Cell: _____ Email: _____@_____

Dear Veterinarian - Please complete the following:

Veterinarian Information Completed by Veterinarian

Name of Veterinary Practice/Business: _____
 Practice Address: _____ City: _____ Zip: _____
 Phone: (____) _____ - _____ Veterinarian: _____

Canine Medical History Completed by Veterinarian

Breed: _____ Weight: _____ Sex: ____ Spayed/Neutered? Y N
 Age: ____ Years* Date of Birth*: ____/____/____ How long has pet been a patient of practice? ____ Yrs
* ESTIMATED IF DOB NOT KNOWN.
 Date of Last fecal exam : ____/____/____ Results: _____ Microchipped? Y_N_
Rabies expiration date: ____/____/____ **List other current vaccinations** [within last year]:

Heartworm medication Flea/Tick control products currently used: _____

Has this dog been diagnosed as having any of the following? Check if Yes If yes, please explain:

- Campylobacteriosis? Explain: _____
- Yersiniosis? Explain: _____
- Salmonellosis? Explain: _____
- Canine brucellosis? Explain: _____
- Leptospirosis? Explain: _____
- Cutaneous dermatophytes (ringworm)? Explain: _____
- A staphylococcal infection that was resistant to multiple antibiotics? Explain: _____
- A nematode infestation (which could cause larva migraines in people)? Explain: _____

General Health Comments: Please describe this dog's general state of health and any major or recurrent problems you have noted. Please include any medical problems that might affect the ability of this dog to do pet therapy work in nursing care environments or other places with people who may have compromised immune systems: _____

Veterinarian signature: _____ **Date:** _____

Thank you from TherapyPets