



# Therapy Team Application

Date received: \_\_\_\_\_

## Owner Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 21 years of age? Yes: \_\_\_\_ No: \_\_\_\_ Shirt size: \_\_\_\_\_

Do you have any convictions or felonies? Yes: \_\_\_\_ No: \_\_\_\_

If yes, please explain:

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(You must pass a background check)

## Dog/Cat Information:

Name:	Breed:	Age:

- Has your dog passed his/her CGC (Canine Good Citizens)? Yes: \_\_\_\_ No: \_\_\_\_

(If yes, please attach a copy of paperwork)

- Is your dog/cat currently certified through any other organization to do therapy work?

Yes: \_\_\_\_ No: \_\_\_\_ (if yes, which organization, please attach a copy of paperwork)

- List any other certifications, training, or special talents you pet has:

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- List any health or temperament issues you or your pet have that we need to be aware of when assigning visits:

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Number your top 2 areas of interest:

\_\_\_ Children with developmental or physical disabilities

\_\_\_ Children in crisis

\_\_\_ Adults with developmental or physical disabilities

\_\_\_ Senior citizens / Care facilities / Hospitals

\_\_\_ Hospice

\_\_\_ Other

**Check available days:**

Days of the week and time available:

\_\_\_ Sundays from: \_\_\_\_\_

\_\_\_ Monday from: \_\_\_\_\_

\_\_\_ Tuesday from: \_\_\_\_\_

\_\_\_ Wednesday from: \_\_\_\_\_

\_\_\_ Thursday from: \_\_\_\_\_

\_\_\_ Friday from: \_\_\_\_\_

\_\_\_ Saturday from: \_\_\_\_\_

Please mail or email your completed application and form of payment to:

**JLAD Animal Therapy**

**P.O. Box 12023**

**Salem, OR 97309**

Your application will be reviewed once your \$10 application fee has been received. You can mail a check or money order, or use PayPal.

**For questions please contact:**

**(971) 239-7474**