



Facility Application

Section I – General Information

Date: _____ Facility Name: _____

Facility Type: Hospital___ Skilled Nursing___ Assisted Living___ School___ Library___
Other, please describe _____

Address: _____

Contact Name: _____ Title/Role: _____

Email: _____ Phone: _____

How did you hear about Lend A Heart? _____

Has your facility had animal-assisted therapy programs before and/or does it currently? _____

If so, please describe: _____

Section II – Client Population, Physical Space and Staff Support

Please describe your facility (population, space and staff): _____

Estimated number of participants: _____ Age Range: _____

Describe the general functioning level of participants: _____

What are the most important or unique concerns of this population? _____

Are there any special considerations or precautions? _____

Does your facility have any prerequisites for volunteers? _____

Where would the AAT program take place? _____

Room size: _____



Lend A Heart ♥ Lend A Hand Animal-Assisted Therapy, Inc.

Are there areas where AAT teams may not enter?: _____ If so please describe: _____

Estimated client to staff ratio: _____ Does staff support AAT? _____

If no, explain: _____

Section III – Prioritizing Needs

Why would you like our therapy teams to visit your facility? _____

What are your goals for animal-assisted therapy programs? _____

Have you already obtained any approvals needed to allow AAT services? _____

Please note your liability insurance carrier: _____

Does your facility have resident pets? If so, please note species and number of animals: _____

Does your facility allow clients' families to bring family pets? If so, please note species allowed: _____

Has this facility had problems with volunteer organizations or animals on the past? If so, what was the nature of the problem(s): _____

Because Lend A Heart is a nonprofit, self-sustaining organization, will your facility be able to help offset the cost of materials used during programs at your facility? _____

LAH requests that you have a staff member attend and monitor our programs. Who on your staff will be present and responsible for working with our volunteers? _____

Based on your current activities schedule, please note the times available for therapy programs: (Mark all that apply.)

- Weekday Mornings (9:00am – 12:00pm) Weekday Afternoons (12:30pm – 5:00pm)
- Weekday Evenings (5:30pm – 8:00pm) Weekend Daytime (9:00am – 4:00pm)

Which days of the week and times of the day would be best for therapy programs? _____

Please email completed application to lendaheart.aat@gmail.com or mail to: LAH, PO Box 60617, Sacramento CA 95860.

Thank you for your interest in animal-assisted therapy and Lend A Heart.