



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

Membership Application Packet

The Membership Application Packet must be submitted to Lend A Heart at least one week before your scheduled Evaluation appointment. The Packet contains three forms:

1. Application for Membership: completed by the individual applying
2. Behavior and Obedience Verification Form: completed by a trainer or behaviorist (dogs only)
3. Health Form: completed by a veterinarian (dogs, cats and rabbits) please attach spay/neuter certification, proof of current rabies vaccination and fecal test results.

Once all three forms are completed, make a copy for your personal records. Bring a copy with you to your Evaluation appointment.

Mail the completed originals to:

- LAH
PO Box 60617
Sacramento, California 95860

Or scan all three forms and email to: lendaheart.aat@gmail.com

Thank you.



Application for Membership (Part 1 of 3)

Name:

Address:

Primary Phone:

Email:

How Did You Hear About Lend A Heart?

Pet Name:

Breed/Description:

Pet's Age:

Pet's Sex:

Spayed/Neutered?

How Long Owned:

Where/When Acquired:

Please answer the following questions honestly and openly - there are no right or wrong answers.

What volunteer experience have you had?

Have you had any experience with elder care or physically/emotionally challenged individuals?

What is your understanding of animal-assisted therapy?

Has your animal had any exposure to medical equipment, wheelchairs, hospital beds, oxygen, IV's, etc.?

Where has your pet been socialized (indoors and outdoors)?

FOR DOGS ONLY: List all tasks your dog can perform reliably with verbal/non-verbal command, e.g. sit, down, etc. (without the use of physical correction)

All Lend A Heart therapy programs are performed in groups, with therapy teams working close together, side by side, sometimes in limited spaces. Describe your animal's behavior while in close proximity to other animals:



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Are there any types of individuals/animals/objects/noises that your animal avoids or seems uncomfortable around?

- People wearing hats People with facial hair People of a different race
- People using unusual equipment People who move differently
- People with unusual speech Unfamiliar animals Car backfiring
- Balloons Clowns Toddlers Angry yelling
- Overhead paging system Vacuum cleaner Bracelet Alert/Alarm Sounds

Others:

What does your animal do when it becomes stressed?

What do you do when you recognize that your animal is stressed?

I have read the Lend A Heart Membership Guide.

Sign Date

_ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _

For applicants under 18

Name of Parent/Guardian:

Address:

Primary Phone:

Email:

_ * _ * _ * _ * _ * _ * _ * _ * _ * _ * _

Please mail completed packet (Application, Behavior and Obedience Verification Form, and Health Form) to:

LAH
 PO Box 60617
 Sacramento, California 95860

Or scan and email to: lendaheart.aat@gmail.com

Thank you!



Behavior and Obedience Verification Form (Part 2 of 3)

Date: _____ Dog's Owner: _____
Dog's Name: _____ Breed: _____

Dear Trainer/Behaviorist:

The individual named above is considering doing animal-assisted therapy with this dog. Lend A Heart requires that all dogs have a high level of skills in obedience and that handlers and dogs communicate well.

If you have questions regarding the skills needed to perform animal-assisted therapy work, please email us at lendaheart.aat@gmail.com.

Please take your time in filling out this form, as your evaluation of this animal is very important. While you are completing this form, please imagine this dog and handler team in a very distracting, hospital-type setting, with fragile patients, and in a classroom with excited young children crowding the dog.

1. Can the dog and handler team complete the following? Does it take the handler more than one command to get the dog to do the requested behavior? If so, please note in the "comment" section.

Exercise	Yes	No
Sit		
Down		
Stay (on leash)		
Stay (off leash or long line)		
Dog can settle and be calm		

Comments: _____

2. How aware is the handler of her/his dog's responsiveness to commands? _____

Do they work as a team? Please note your observations. _____

3. Is the handler clear and consistent with her/his corrections? _____



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4. Does the handler have control of her/his dog? Is it solid enough that you believe the dog would respond well even in a distracting setting? _____

When greeting people, is the dog's enthusiasm and excitement under control? Yes / No (circle)

Describe observations: _____

5. In animal-assisted therapy, dogs must sit for petting by many people and allow its head, ears, feet and tail to be touched or tugged by strangers.

Please rank reactions that you observe while handling/petting this dog.

- 1 - Comfortable (dog is comfortable with handling, enjoys it)
- 2 - Slightly uncomfortable (dog backs up or attempts to evade touch)
- 3 - Very uncomfortable (dog has aggressive reaction, growls, shows teeth)

Head	
Ears	
Feet	
Tail	
Belly	

6. In animal-assisted therapy, animals are confronted with and can respond to unusual sights, sounds, and smells; they just can't have an overly fearful or an aggressive reaction to the stimuli. While observing this dog, have you noticed any reactions to noises or sights that would indicate to you that this animal is overly sensitive to either sights or sounds? Yes / No (circle)

If yes, please note situation in which animal has been observed and how it reacted. _____

7. This dog will be expected to work around as many as 5 to 10 or 15 other animal/handler teams. Upon being introduced to a strange dog, how does this dog react? _____

How does the handler react? _____

8. Describe any training difficulties or behavior problems/concerns that might interfere with this dog's ability to work as a therapy dog in a distracting setting with fragile patients. _____



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9. Imagine this dog/handler team doing a visit with a member of your family who is ill or in pain. Would you be comfortable having them visit your relative? Yes / No (circle)

10. Comments: please note any reservations or recommendations that you have about this team: _____

My signature below verifies that (check one):

____ I have observed this team repeatedly while they were in one of my training classes.

____ I have observed this team for obedience evaluation on this one time basis. I also verify that I am currently a dog trainer/behaviorist, who regularly holds classes, either privately or in groups.

Signature: _____

Date: _____

Print Name: _____

Business Name: _____

Email: _____

Phone: _____

Please attach a business card if available. Thank you for your assistance.



Health Screening Form (Part 3 of 3)

To be completed by a Veterinarian with the Handler present.

Pet's Owner: _____ Pet's Name: _____

Pet's Age: _____ Breed: _____

Male/Female (circle)

Intact/Altered (circle)

Are you this pet's regular veterinarian? Yes/No (circle)

General Health of Animal: Excellent Very Good Good Poor

Comments/ Problem Areas (please note i.e. ears, skin etc): _____

GENERAL SYSTEMS EVALUATION:

Check **N** for Normal findings, **A** for Abnormal findings. Circle observations about the animal's general health, paying particular attention to areas which might affect the animal's ability to visit safely. Note any physical problems which may put the animal at risk (e.g., arthritis, painful ear infection, etc.).

SYSTEM	N	A	EXAM FINDINGS	COMMENTS
General Appearance			alert interested weak depressed overweight dirty	
Skin/Coat			shiny coat healthy skin hair loss fleas itchy redness scaly sores	
Musculoskeletal			appears sound pain lameness joint problems	
Heart/Lungs			strong beat murmur fast slow clear breathing problems cough rapid respirations congestion	
Digestive System			normal bowel sounds pain gas enlarged organ full/painful anal sacs	
Urogenital			normal appearance pain abnormal discharge enlarged prostate	
Eyes/Ears			clear alert adequate tearing discharge inflamed cataracts infection deformities extra hair	
Nervous System			alert happy depressed abnormal nerve tests	
Lymph Nodes			normal size swollen	
Mucous Membranes			Normal appearance pale jaundiced inflamed	
Teeth/Mouth			clean no abnormal odor tartar gingivitis odor plaque	



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Dog and Cat:

Rabies: Date administered: _____ Date Expires: _____

Fecal: Date of last fecal: _____ Negative _____ Positive _____

Please attach spay/neuter certification, proof of current rabies vaccination and fecal test results.

Describe any severe aggressive or overt anxiety-ridden responses while handling/examining this animal and indicate whether or not animal requires muzzling: _____

Conceptually, would you be comfortable with this animal visiting your own frail family member in a nursing home or hospital, or interacting with children in a supervised setting? _____

OVERALL IMPRESSION: (Check all that apply)

_____ Gentle, easily handled _____ Not overly agitated

_____ Responsive, reacts to involvement, interacts readily with staff

_____ Willing to be handled, readily accepts body contact

_____ Other: _____

Comments: _____

Veterinarian: _____

Signature

Date

Name of Facility: _____ Phone: _____