



## 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](mailto: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.