



### **Are you interested in Pet Therapy?**

There are no breed requirements for Pet Therapy Dogs. In fact, many are mixed breed and come in all shapes and sizes. If your dog has the following traits they are likely an ideal candidate for our program.

- Completed some form of obedience training
- Had its first birthday
- Earned his/her Canine Good Citizens Award or is able to be tested, good health, temperament, and proof of current vaccinations
- Demonstrated enjoyment when providing companionship with a variety of people
- The ability of becoming certified as a Pet Therapy Dog with Therapy Dogs, Inc. or Delta Society's Pet Partners Program
- An owner who is committed to becoming an active volunteer teammate and provide canine companionship to those in need!

### **Benefits to you and your teammate**

- Creates a job for your dog
- Provides your dog with physical and mental stimulation
- Reinforces and maintains obedience skills
- Provides new goals following obedience training
- Increases the bond between the owner and animal

### **How to get started**

If you would like to volunteer please fill out the application on the following page and return to:

Cope Eldercare  
975 Walnut Street  
Suite 351  
Cary, NC 27512-5825

If you have any questions, please call: 919.481.0410 or email: [paws@copeeldercare.org](mailto:paws@copeeldercare.org) or [instructors@startthemright.com](mailto:instructors@startthemright.com).



## Canines Offering Pawsitive Enrichment

### Volunteer Application

Owner/Handler Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: h) \_\_\_\_\_ c) \_\_\_\_\_ w) \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Male: \_\_\_ Female: \_\_ Neutered: Yes No

Age: \_\_\_\_\_

#### **Pet's Health**

Any specific health concerns? \_\_\_\_\_

Any past behavior problems? \_\_\_\_\_

Are there any life experiences of your pet that might influence their personality?

Such as abuse or poor health? \_\_\_\_\_

Where did you adopt your pet come from?

Rescue Organization \_\_\_\_\_

Breeder \_\_\_\_\_

Private Purchase \_\_\_\_\_

Stray \_\_\_\_\_

Name and location of your veterinarian: \_\_\_\_\_

\_\_\_\_\_

Current vaccinations: please list date of most recent

DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Fecal \_\_\_\_\_ Heartworm check \_\_\_\_\_

Rabies \_\_\_\_\_ Form of heartworm prevention \_\_\_\_\_

Flea and tick treatment \_\_\_\_\_

\*\* Please provide current record of vaccinations, including copy of Rabies Certificate

**Training**

Has your pet attended Obedience Class(s)? Yes \_\_\_ No \_\_\_

If yes please list classes completed, dates, location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet been awarded any certifications such as Canine Good Citizens award, Obedience?

Pet Therapy: \_\_\_\_\_

\_\_\_\_\_

\*\*Please provide copy of certificate.

Does your dog have any special skills? Such as tricks, singing, talking, etc?

Yes \_\_\_ No \_\_\_ If yes please state \_\_\_\_\_

Would you like your dog to be trained to do tricks? Yes \_\_\_ No \_\_\_

**Volunteering**

Have you volunteered or are currently volunteering with your pet and if so please list

\_\_\_\_\_  
\_\_\_\_\_

Please briefly explain your reasons for wanting to volunteer with your pet

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals for becoming a member of the COPE Enrichment team?

\_\_\_\_\_  
\_\_\_\_\_

Please check below the days, times, and frequency that you are available to volunteer: Volunteer experiences should not exceed 1-2 hours per visit.

Day of week	AM	PM	Frequency: once a month, Every other week, etc.
Monday	___	___	_____
Tuesday	___	___	_____
Wednesday	___	___	_____
Thursday	___	___	_____
Friday	___	___	_____
Saturday	___	___	_____
Sunday	___	___	_____

Do you have any specific limitations such as location, transportation, time of day? Please state:

\_\_\_\_\_

**References**

Please provide 2 references who can attest to your compatibility with your dog and your potential ability for therapy work, such as a previous trainer, veterinarian, and someone acquainted with my dog handling skills.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

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

*Release of Liability*

I, \_\_\_\_\_ Owner and Handler of \_\_\_\_\_

As a volunteer for COPE Enrichment agrees to the following conditions:

- Maintain a volunteer activity log recording all pet therapy visits made on behalf of *COPE Enrichment* and will provide a copy to the organization annually.
- Agree to an annual review and evaluation by COPE Enrichment staff to monitor the quality of my pet therapy skills with \_\_\_\_\_.
- Provide annually an updated copy of \_\_\_\_\_'s vaccinations.
- Keep my memberships with Therapy Dogs Inc. and/ or Delta Society Pet Partners current to maintain our certification and liability coverage to work as a team for COPE Enrichment.

\_\_\_\_\_  
*Volunteer*

\_\_\_\_\_  
*COPE Enrichment*

\_\_\_\_\_  
Date