



## THERAPY PET APPLICATION

Date of Application: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_

Owner: \_\_\_\_\_ Handler: (if not owner): \_\_\_\_\_

Does your dog know basic commands?  Yes  No

If your dog has the AKC's Canine Good Citizen Certification please write date of completion and enclose a copy of the CGC certificate: \_\_\_\_\_

Is your pet friendly with (please answer yes or no):

Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Other Animals: \_\_\_\_\_

List any medical/physical impairments your pet has: \_\_\_\_\_

Has your pet ever participated in animal assisted activities or animal assisted therapy (pet therapy) before? (If yes, please describe)

Please include a copy of your pet's current Rabies Vaccination Certificate and the attached Annual Health Screening Form along with this application. Your pet will not be evaluated until we have received these records.

Puppies may be required to undergo a second evaluation six months after their initial evaluation appointment.

Complete the Volunteer Application and submit all paperwork to:

Sunshine Friends, Inc.  
P.O. Box 6936  
Syracuse, NY 13217-6936

Rev. 02/10



SUNSHINE FRIENDS INCORPORATED  
P.O. Box 6936  
Syracuse, New York 13217-6936

### SFI ANNUAL HEALTH SCREENING FORM

Thank you for taking the time to perform an examination of this pet for participation in Sunshine Friends, Inc. (SFI) Therapy Pet Programs. Our volunteers and their pets visit people in hospitals, nursing homes, schools, and other institutions, and bring smiles to more than 800 people each month.

Sunshine Friends, Inc requires every therapy pet to have an annual examination by a veterinarian in addition to a current Rabies Vaccination and the use of parasite control. We are asking you to assess the overall health of the animal, and any notable reactions to the process of physical handling. We appreciate your cooperation in completing this form. You may use your own form/statement of health if you prefer. The pet's owner will then be responsible for submitting the form to SFI.

SFI would be happy to provide a brief presentation on our organization to you and your staff, and/or information for your office waiting room. For more information please visit [www.sunshinefriends.org](http://www.sunshinefriends.org) or contact us at (315) 457-7622.

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

Owner's Name: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Please rate the overall health of the animal:

- Excellent (no serious chronic diseases or disorders)
- Very Good (minor complaints associated with normal aging)
- Good (chronic conditions with occasional flare-ups)
- Poor (serious chronic conditions requiring ongoing treatment)

Comments:

Signature of Veterinarian: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_