



Promoting Animal Welfare in Jefferson County

THERAPY / READ DOG APPLICATION Part I (2 pages)

Membership includes full membership benefits and a subscription to the Olympic Mountain Pet Pals newsletter

1. Tell us about yourself (Please print clearly):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (HOME): _____ Phone (CELL): _____

E-mail: _____

2. Tell us about your pet:

Name: _____ Age: _____

Breed: _____ Sex: _____ Spayed or Neutered? YES__ NO__

Note: (Veterinarian listed must have examined the animal in the last year and be able to vouch for the animal's health and current vaccinations)

Veterinarian: _____ Date of last exam: _____

Vet's Address: _____ Phone: _____

Rabies Vaccine Expiration Date: _____

Distemper Vaccine or Titer last given on: _____

3. Membership Fees:

a. Annual Fees (Choose One)

One person and one pet enrolled in OM Pet Pals \$25.00 \$ _____

One person under 18 and one pet enrolled in OM Pet Pals \$10.00 \$ _____

(Parent or guardian must sign application as well.)

b. Additional Fees

READ to ROVER scarf (optional) \$8.00 \$ _____

c. Additional Donation* (optional) (Thank you!) \$ _____

d. Total Enclosed (Make check payable to "OM Pet Pals") \$ _____

4. Owner/Handler Agreement: Please read and sign.

As the therapy dog's owner and handler, I understand and agree that:

- I am responsible for my pet's actions at all times, ethically and financially.
- I will consider the safety of other people at all times and keep my dog on a leash while volunteering for a READ session or community outreach program.
- My dog will be freshly groomed for each visit, will be parasite-free, healthy and up to date on all vaccinations.
- I understand that female dogs must not be in estrus when participating in a READ session.
- If at any time my dog can no longer do this work due to age, illness, disability or behavior problems, such as growling, lunging toward or biting a person. I will stop the work and will notify OM Pet Pals.
- I will remember at all times that my pet and its actions, my behavior, actions and attitude represent all service animals in the eyes of the public.

I understand that the Volunteer Insurance coverage provided by OM Pet Pals is strictly limited to accidental injury and/or damages. Said insurance will not cover injuries and/or damages if I violate the above agreement while volunteering for a READ session or community outreach program; nor does it provide coverage for either member of a READ Team (dog or handler) causing a loss or injury to other Pet Pals' volunteers. Such losses are the personal responsibility of the READ Team handler. Further I agree to indemnify and hold harmless OM Pet Pals for such injuries and/or damages.

Note: It is recommended that, as part of being a volunteer for OM Pet Pals, volunteers have their own medical insurance as well as a personal umbrella policy. Such policies are typically available as supplements to a person's homeowners', renters' or automobile insurance by providing \$2 million or more of protection for volunteer activities of organizations recognized as charities under Section 501(c)(3) of the US Internal Revenue Code. Coverage questions can be answered by contacting your insurance agent for advice.

Signature: _____ Date: _____

*Olympic Mountain Pet Pals is a 501 (c) (3) non-profit organization;
your donation is tax deductible