

# APPENDIX E: PET PARTNERS REGISTRATION PACKET



## PET PARTNERS REGISTRATION PROCESS

Materials are subject to change. If your packet is close to a year old, please call Delta Society<sup>®</sup> at 425.679.5500 to receive the current version. Be sure to fill out all sections of each form, provide your signature where needed, and include the photo and fee. Please note that processing your packet will be delayed if any part of it is incomplete. **Make a copy of your completed registration packet for your records.** If you want a receipt that your materials have been received, please mail it "Return Receipt Requested." The turnaround time for processing is two to three weeks.

### Step #1: Photo ID Form

This form contains the information we will use on your identification badge and in our database. Be sure to print or type the information to avoid any errors on your ID badge. If you belong to a group and wish to have the name of the group on the badge, please include it. If you do not want your full name, city and/or state on the badge, please let us know. Note: Your picture should be vertical approx. 5" high X 3" wide and be from approximately your waist up with your animal next to you. We prefer that you email your photo to [registration@deltasociety.org](mailto:registration@deltasociety.org) or if you are unable to email your photo you can attach it to your registration packet.

### Step #2: Application Form

This information will be used for processing your application. The registration fees listed on this form are described in the following pages titled Registration Options. Many Pet Partners have the desire and resources to pay their proportionate share of the full two year expense of the Pet Partners program. \$50 of the Pet Partner Patron registration is tax-deductible for federal income tax purposes as a charitable contribution to Delta society, federal identification number 91-1158281.

### Step #3: Volunteer Agreement Form

Review your Pet Partners team responsibilities as outlined in the Pet Partners Team Training Course Manual. Be sure to sign and date this form. If you are under 18, a parent or legal guardian must also sign this form.

### Step #4: Volunteer Review

These questions review the important material covered in the Pet Partners Team Training Course Manual. Take your time and work at your own pace. Use the review as a way to assure yourself that you are well prepared to visit with your pet.

### Step #5: Handler's Questionnaire

Complete this form before the animal is screened for skills and aptitude. Make a copy of the completed form for the team Evaluator. This form will help him or her understand your pet's responses. However, you will need to send the original with the rest of your registration packet.

### Step #6: Animal Health Screening Forms

You may use your regular veterinarian. It is a good idea to make a copy of the introduction letter and forms, and send them to your veterinarian before you schedule the appointment for screening. This will help your veterinarian plan the right amount of time for the procedure. Make sure he or she completes ALL sections of the health-screening forms or the processing of the entire packet will be delayed. The health screening is good for six months. Note: You may attach a signed health form from your veterinarian that indicates that it meets or exceeds the Pet Partners health requirements.

### Step #7: Volunteer Contact Form

This form will let us know more about you and your animal teammate.

**Step #8: Team Evaluation**

Licensed Team Evaluators will administer the Pet Partners Skills and Aptitude tests. Licensed Team Evaluators will have the Pet Partners Skills and Aptitude Test forms that are needed. Refer to your Pet Partners Team Training Course Manual to familiarize yourself with each exercise and the requirements for the evaluation.

During the Skills and Aptitude Tests described below, as well as on visits, acceptable accessories for animals in the program are as follows:

- Well-fitted collar or harness made of leather or fabric for all animals. These should have buckle, snap, or quick-release style closures.
- Limited-slip collars (e.g., Martingales), such as the Promise Collar, and head collars, such as the Gentle Leader, Snoot Loop, or Halti. Metal buckles, slip rings, and D-rings are acceptable. Metal collars are not.
- All leather or fabric leashes, no more than 6-feet in length.

Handlers are encouraged to carry animals such as cats, rabbits, and guinea pigs in a basket and/or on a towel, and birds in cages. These animals should be carried in a manner that prevents their urine or droppings from falling on the floor, or on the person being visited.

When you are ready to be evaluated, check the course and events schedule on the web site ([www.deltasociety.org](http://www.deltasociety.org)), or contact Delta Society<sup>®</sup> directly to find a screening event near you.

- Pet Partners Skills Test (PPST). This role-play test determines whether you and your pet have the basic skills needed when visiting people in different places. After you have passed the Pet Partners Skills Test, the team Evaluator will give you a signed and dated copy for you to include in your packet for submission to Delta Society.
- Pet Partners Aptitude Test (PPAT) This role-play test simulates visiting situations to determine you and your pet's ability to work with strangers. After you have passed the Pet Partners Aptitude Test, the team Evaluator will give you a signed and dated copy for you to include in your packet for submission to Delta Society.

For your own records photocopy the completed evaluation forms and the rest of your registration packet prior to mailing them to Delta. If your team does not pass the PPST/AT, the Evaluator will give you a copy of your score sheet so that you will know what areas to work on.

**Note:** The registration packet must be submitted within 90 days of passing your Pet Partners team evaluation. After this 90-day time period expires, you will be required to retake the Pet Partners Team Evaluation before submitting your registration papers. Please verify Delta Society's mailing address before sending in your registration packet.

## PET PARTNERS REGISTRATION OPTIONS/SUPPORT

- PET PARTNER PARTON - \$150.00**  
Many Pet Partners have the desire and resources to pay their proportionate share of the full two year expense of the Pet Partners program.  
  
In appreciation of your interest and ability to pay this amount, Delta Society<sup>®</sup> will provide a free Pet Partners vest as a thank you. You will also receive your pet's visiting identification tag, your volunteer identification badge, and a subscription to Interactions magazine. Complete and submit all forms to Delta Society. Remember to include copies of your team evaluation score sheets (PPST and PPAT). \$50 of this Patron registration is tax-deductible for federal income tax purposes as a charitable contribution to Delta society, federal identification number 91-1158281.  
  
*The expense for Delta Society to provide the Pet Partners program support and services to over 8,000 Pet Partners teams and 96 Affiliate Groups for two years is \$150 per Pet Partners team. Because of generous donations by over 2,000 Patrons and contributors we are able to provide a two-year Pet Partners registration at the following discounted rates:*
- PET PARTNER WITH ONE ANIMAL – \$75.00**  
Registration for two years includes your pet's visiting identification tag, your volunteer identification badge, and a subscription to Interactions magazine. Complete and submit all forms to Delta Society. Remember to include copies of your team evaluation score sheets (PPST and PPAT).
- PET PARTNER AFFILIATE GROUP MEMBER - \$50.00**  
Pet Partner Affiliate Group registration fee for two years includes support from your local group, your pet's visiting identification tag, your volunteer identification badge, and a subscription to Interactions magazine. If you do not know whether your group is a Delta Affiliate Group, ask your local group leader, check our website [www.deltasociety.org](http://www.deltasociety.org), or call Delta Society at 425.679.5500.
- PET PARTNER WITHOUT AN ANIMAL - \$40.00**  
People who do not have an animal can assist Pet Partners teams by interacting with staff and clients on visits. They help organize events, help with workshops and screenings, and provide educational presentations on benefits of animal-assisted activities and therapy through the Pet Partners Program. Individuals with no animal must complete the training requirements and pass the volunteer review. They may register at the reduced fee of \$40 for two years and will receive a volunteer identification badge and a subscription to Interactions magazine.
- PET PARTNER SENIOR OR PET PARTNER WITH A DISABILITY - \$40.00**  
Senior registration for volunteers 55+ or who have a disability is \$40 for two years and includes your pet's visiting identification tag, your volunteer identification badge, and a subscription to Interactions magazine. Complete and submit all forms to Delta Society. Remember to include copies of your team evaluation score sheets (PPST and PPAT).
- PET PARTNER ADDITIONAL HANDLER(S) - \$30.00 EACH**  
This fee for two years applies when an additional handler is registering with a previously registered animal, either at the same time, or after that of the animal's initial registration. When registering additional handlers, complete and submit all forms, and include a photo of each additional handler with the animal. Remember to include copies of your team evaluation score sheets (PPST and PPAT).
- PET PARTNER ADDITIONAL ANIMAL(S) - \$20.00 EACH**  
This fee for two years applies when you are registering an additional animal either at the same time, or after your initial registration. When registering an additional animal, complete and submit all forms, and include a photo of each additional animal with handler. Remember to include copies of your team evaluation score sheets (PPST and PPAT). Note: The Volunteer Review is not required for additional animal applications. Includes pet tag, and identification badge for each additional animal registered.
- ADDITIONAL SUPPORT OF PET PARTNERS - - - ANY GIFT AMOUNT APPRECIATED!**  
It is Delta Society's goal to keep registration / renewal fees affordable for individuals who wish to share the love of their animal companions with others. The registration fees cover only the "benefits of registration" as listed in your Pet Partners Team Training Manual. Pet Partners may choose to support the program with a tax-deductible charitable contribution for a greater or lesser amount than the Patron Gift, in addition to the registration fee.

Send your completed registration packet to:

**DELTA SOCIETY**  
**875 124TH AVE NE STE. 101**  
**BELLEVUE, WA 98005-2531**

*Please Note: Incomplete packets will be returned*

### STEP #1: PET PARTNERS PHOTO ID FORM

Handler's Name, Pet Partners Affiliate Group Name, City/State and Animal's Name will appear on your ID Badge. All other required information will be entered into Delta Society's database. **Please print clearly.**

Which version of the course did you complete?  Home study  Workshop

**Your Acceptance Packet** will be emailed to you so that you can begin visiting right away. If you do not have an email your packet will be mailed. Note your photo ID / pet tag will be mailed under separate cover.

\*Would you like to be listed on Delta Society's web site as a contact?  Yes  No

* Handler's Name: <small>Include: Prefix: (Mrs., Ms. Mr. Dr., etc.) Suffix (Jr., CPDT, etc)</small>	PP Affiliate Group Name:
Address:	*City/*State/Zip:
* Email Address:	*Contact Phone #:
* Web site:	Your Birth Date:
Animal's Name:	Species/Breed:

How did you acquire your animal companion?

Breeder  Friend  Shelter/Rescue  Former service dog  Pet store  Other: \_\_\_\_\_

#### To Avoid Having Your Packet Returned

Please be sure the Following Steps are Complete & Included in Your Registration Packet:

- |                                   |   |
|-----------------------------------|---|
| Step #1: Photo ID Form            | Step #5: Handler's Questionnaire                  |
| Step #2: Application Form         | Step #6: Animal Health Screening Forms            |
| Step #3: Volunteer Agreement Form | Step #7: Volunteer Contact Form                   |
| Step #4: Volunteer Form           | Step #8: Team Evaluation (Evaluator will provide) |

FOR OFFICE USE ONLY	To Submit Photo for Badge:
ID#:  Team Area:  Expires:  Comments:	The photo should be a close up, with handler and animal right next to one another. Or Handler only if not registering with an animal.  <b>1. Preferred Method:</b> Send a photo for your badge as an attachment in jpg format to registration@deltasociety.org In the body of your email please include your full name and your animal's name.  <b>2. Secondary Method:</b> Attach a photo to your registration packet.

**STEP #2: PET PARTNERS APPLICATION FORM**

(FEES SUBJECT TO CHANGE WITHOUT NOTICE)

REGISTRATION TYPE	
<input type="checkbox"/> Pet Partner Patron.....	\$150.00
<input type="checkbox"/> Pet Partner with one Animal.....	\$75.00
<input type="checkbox"/> Pet Partner Affiliate Group Member.....	\$50.00
<input type="checkbox"/> Pet Partner without an Animal.....	\$40.00
<input type="checkbox"/> Pet Partner Senior (55+) or Pet Partner w/disability.....	\$40.00
<input type="checkbox"/> Pet Partner Additional Handler.....	\$30.00
<input type="checkbox"/> Pet Partner Additional Animal.....	\$20.00
<input type="checkbox"/> Yes! I want to support Pet Partners with a tax deductible contribution.....	\$ _____
Total Amount Enclosed.....	\$ _____
METHOD OF PAYMENT – U.S. FUNDS ONLY (foreign personal checks not accepted)	

Check#: \_\_\_\_\_  Money Order #: \_\_\_\_\_

If paying by credit card, please select credit card type and complete all sections:  
 Visa    MasterCard    AM EX

**Print name exactly as it appears on the credit card**

Name:	
Billing Address:	
City:	State/ Zip:
Card #:	
Expiration Date:	Security Code: <small>(3-4 digit # located on back of card)</small>
Signature:	

**Send Your Completed Registration Packet To:**

Delta Society <sup>®</sup> 875 124th AVE NE, STE 101 Bellevue, WA 98005-2531
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**PLEASE NOTE:**

- ✓ Registration fees are subject to change without notice
- ✓ Incomplete packets will be returned for completion
- ✓ There will be an additional \$25 fee on returned check (e.g. non sufficient funds, account closed etc.)

**STEP #3: PET PARTNERS VOLUNTEER AGREEMENT**

PLEASE REVIEW THE AGREEMENT THOROUGHLY, SIGN AND DATE AS INDICATED.

1. I agree to abide by and adhere to the Policies and Procedures of the Pet Partners program.

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

If under 18, parent or legal guardian must sign below.

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

2. I understand that DELTA SOCIETY<sup>®</sup> assumes no legal liability for the actions of me or my pet in our roles as registered Pet Partners.

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

If under 18, parent or legal guardian must sign below.

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

3. I understand that when performing volunteer activities as a DELTA SOCIETY Pet Partner I am insured by DELTA SOCIETY'S commercial general liability insurance for losses both caused and/or suffered by me or my animal except in the following circumstances:

- a. My pet or I cause a loss to other DELTA SOCIETY volunteers: if that occurs, I will be liable for that loss.
  - b. My pet or I cause a loss that is in excess of the limits of DELTA SOCIETY'S commercial general liability insurance: if that occurs, I will be liable for losses in excess of those limits.
  - c. My pet or I intentionally cause a loss or act outside the scope of DELTA SOCIETY volunteer activities: if that occurs, I will be liable for any losses.
  - d. I am not receiving compensation for my services and / or using my Pet Partners animal while performing duties of my job.
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent or legal guardian must sign below.

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

## STEP #4: PET PARTNERS VOLUNTEER REVIEW

You may use the Pet Partners Team Training Course Manual while taking this test. Put a check mark in the box next to the best answer. Check only one box for each question. You must answer at least 15 of the 20 questions correctly to pass.

### 1. WHAT BENEFITS COME WITH PET PARTNERS REGISTRATION?

- A. Certification.
- B. Access to "no pets allowed" areas
- C. Recognition as a "Master Animal Trainer."
- D. Inclusion as a volunteer under Delta's liability insurance

### 2. WHAT IS THE DIFFERENCE BETWEEN AAA AND AAT?

- A. AAT must be documented; AAA does not.
- B. AAT requires specific treatment goals for each visit; AAA does not.
- C. AAT is always directed by a health/human service professional; AAA is not.
- D. All of the above are correct.

### 3. IF YOUR TEAM HAS A PREDICTABLE QUALIFICATION RATING AND PLANS ON VISITING A FACILITY WITH MODERATE STAFF INVOLVEMENT, YOU SHOULD CONSIDER VISITING A

- A. Quiet facility.
- B. Average facility.
- C. Active facility.
- D. All of the above

### 4. WHICH OF THE FOLLOWING IS YOUR RESPONSIBILITY AS A VOLUNTEER?

- A. Comply with local, state, and federal laws and with Delta Society policies governing AAA and AAT.
- B. Determine when animal visits are appropriate for a client.
- C. Advise and counsel the person you are visiting.
- D. Visit everyone in a facility.

### 5. IF YOU FIND YOURSELF UNABLE TO MEET YOUR SCHEDULED VISIT, YOU SHOULD

- A. Notify the facility or Pet Partners group coordinator as far in advance as possible.
- B. Have a friend or a family member take your pet on the visit.
- C. Plan on staying twice as long the next visit.
- D. All of the above.

### 6. AN ANIMAL THAT IS SUITABLE FOR ANIMAL VISITS SHOULD IN GENERAL NOT VOCALIZE. HOWEVER, IT MAY

- A. Vocalize if the handler can stop the vocalization.
- B. Snuffle.
- C. Sigh or purr.
- D. All of the above.

### 7. THE ANIMAL MUST BE CLEANED AND GROOMED

- A. By a professional groomer.
- B. Within 12 hours of a visit.
- C. Within 24 hours of a visit.
- D. And treated for fleas the day of the visit.

8. DURING THE PET PARTNERS SKILLS TEST (PPST) YOU CANNOT
- A. Ask the Evaluator to stop the test if necessary.
  - B. Use a toy for motivation.
  - C. Use a wheelchair.
  - D. Talk to your animal.
9. A THERAPY ANIMAL HAS LEGAL ACCESS TO
- A. All stores.
  - B. Restaurants with "no pets" policies.
  - C. Fly with the handler in an airplane cabin.
  - D. None of the above.
10. AS A HANDLER YOU CAN HELP REDUCE POTENTIAL STRESS BY
- A. Getting your animal used to a new setting in small increments.
  - B. Introducing your pet to large crowds of people.
  - C. Not allowing strangers to pet your animal.
  - D. All of the above.
11. AN IMPORTANT POINT TO REMEMBER WHEN WORKING WITH CLIENTS IS TO
- A. Emphasize the condition, not the person.
  - B. Always call people "patients."
  - C. Use appropriate terms.
  - D. Use the term "handicapped person."
12. WHEN TALKING WITH A PERSON WHO USES A WHEELCHAIR, YOU SHOULD
- A. Ask before moving the chair.
  - B. Not lean on the wheelchair.
  - C. Try to sit or squat while conducting a conversation.
  - D. All of the above.
13. DURING A CLIENT VISIT, YOU SHOULD ASK QUESTIONS
- A. Of a medical nature.
  - B. That require only a yes or no answer.
  - C. That are open ended.
  - D. All of the above.
14. ON VISITS, YOU SHOULD WEAR YOUR DELTA PET PARTNER ID BADGE
- A. Always while on duty.
  - B. Only when required by the facility.
  - C. Only to gain entrance to the facility.
  - D. None of the above.
15. GIVE YOUR ANIMAL A BREAK AND A CHANCE TO RELIEVE ITSELF EVERY
- A. 10-20 minutes.
  - B. 20-30 minutes.
  - C. 30-40 minutes
  - D. 1 Hour.

16. THE MOST IMPORTANT REASON TO SIGN IN AND OUT IS

- A. To get "credit" for your visits.
- B. It is sufficient documentation for AAT.
- C. It is required by federal law.
- D. The documentation proves you were present at a given time.

17. WHICH OF THE FOLLOWING MEASURES IS A STANDARD INFECTION-CONTROL PROCEDURE?

- A. Avoid visiting if you or your pet are sick.
- B. Do not visit people who have any kind of infection.
- C. Never touch a client.
- D. Keep a log of your clients' health.

18. HAND WASHING OR HAND CLEANING IS EXTREMELY IMPORTANT, SO YOU SHOULD

- A. Wash your hands before contact with each client.
- B. Wash your hands after contact with each client.
- C. Make sure clients clean their hands before and after handling your animal.
- D. All of the above.

19. ACCEPTABLE EQUIPMENT FOR DOGS INCLUDES:

- A. A metal chain leash with leather handle.
- B. A prong collar.
- C. A head halter.
- D. An 8-foot, leather leash.

20. YOUR VISITS SHOULD LAST NO LONGER THAN TWO HOURS

- A. If you are an experienced team.
- B. If you are an AAT team.
- C. If your team visits Complex environments.
- D. All of the above.

### STEP #5: PET PARTNERS HANDLER'S QUESTIONNAIRE

The person who will visit with the animal being tested must complete this form. If you are not the owner, you must provide written proof of permission to handle the animal, at the time of the team evaluation. Include this with your registration packet as well. Answer all questions as they apply to this animal.

Handler:	Owner:
Animal's Name:	Species/Breed:

1. How long have you had or known this animal?
  
2. Have you or your animal trained or practiced at the same location where you are being evaluated?       No     Yes
  
3. If you are registering with a dog, has the dog ever been encouraged or trained to bite, even as part of a dog sport (e.g., Schutzhund)?       No     Yes

4. List all commands this animal responds to reliably:

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5. Is there a specific age group that this animal avoids or seems uncomfortable around?  
 No     Yes (If yes, describe)

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6. Is there a type of individual that this animal avoids or seems uncomfortable around?  
 No     Yes (If yes, check all that apply)
  - People wearing hats                       People using unusual equipment
  - People with facial hair                       People of a different race
  - People that move differently               Other:

7. Has this animal ever acted in a threatening or menacing manner towards an individual, group of individuals or an animal?  
 Threatening/menacing includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting an individual or animal.

No     Yes (If yes, describe)

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APPENDIX E: PET PARTNERS<sup>®</sup> REGISTRATION

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8. Does your animal have any health problems? If so please explain. (Use back of page if needed)

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9. What is this animal's favorite game or activity? (Check all that apply)

- |  |  |   |                                    |  |
|--|--|---|------------------------------------|--|
| <input type="checkbox"/> Frisbee/catch | <input type="checkbox"/> Chase games   | <input type="checkbox"/> Fetch and return | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Agility/obstacles |
| <input type="checkbox"/> Pounce games  | <input type="checkbox"/> Find it games | <input type="checkbox"/> Tug of war       | <input type="checkbox"/> Chew toys | <input type="checkbox"/> Other             |

10. How do you discipline/correct this animal?

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11. What does this animal do when it becomes stressed?

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

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13. List any kinds of animals that this animal does not react to well.

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## STEP #6: PET PARTNERS ANIMAL HEALTH SCREENING FORM

Dear Doctor:

Thank you for performing an examination of this pet for participation in Delta Society's Pet Partners program. This is a national visiting-animal program in which volunteers and their pets visit people in nursing homes, hospitals, schools, and other institutions.

Delta Society<sup>®</sup> has operated the Pet Partners Program for more than a decade. The program is distinguished by its attention to training the volunteer, evaluating the team every two years, and concern for the health of the animal. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams, and respect the health and well-being of the animals who participate in the program. The role of the veterinarian is very important in this regard. The animal you are about to examine will be evaluated by a Delta-trained and licensed team Evaluator to test the animal's suitability for visiting. The evaluation requires the animal to demonstrate certain basic obedience skills such as "sit," "stay," and "leave it." The Evaluator will note whether the animal accepts being petted, sometimes roughly, and by multiple people simultaneously. Equally important, the Evaluator will assess the animal's temperament and aptitude in a simulated healthcare setting. The animal will be observed as it reacts to loud noises, wheelchairs, walkers, and people with stumbling gait and/or speech impediments.

You are being asked to assess the animal's overall health and any notable reactions to the process of physical handling. Please complete the enclosed health screening forms; you may substitute your own forms if you prefer, so long as all issues are addressed. Be sure each section has been filled out. The animal's owner is responsible for mailing the health-screening forms to Delta. These forms will be reviewed by Delta staff, along with the results of the evaluation, to determine the team's suitability to do visiting-animal work.

As you well know, there is often not a consensus of opinion among those in the veterinarian community about immunizations, and state laws with respect to rabies vaccinations vary. Our Pet Partners are very responsible pet owners and have long-term and trusting relationships with their veterinarians. Rather than attempting to prescribe immunizations schedules for dogs and cats (other than compliance with state laws with respect to rabies vaccination), Delta Society will rely on your medical judgment and knowledge of the animal's health history and status. We want to be assured that the animal's immunity levels are sufficient enough that participation in Pet Partners will not harm it. Likewise, we need to be sure that Pet Partners' animals will not put seriously ill people at risk. Please also consider that visiting-animals may be exposed to zoonotic agents because they visit people in healthcare facilities. As this animal's veterinarian, you are the best person to render the overall opinion of the animal's health.

Thank you for your part in making the Pet Partners program safe and rewarding for thousands of volunteers and hundreds of thousands of people in need. Delta Society would be pleased to provide you with information for your office waiting area to encourage more pet owners to become involved in the Pet Partners Program.

For information check our web site at [www.deltasociety.org](http://www.deltasociety.org), or contact Delta Society at 425.679.5500.

APPENDIX E: PET PARTNERS<sup>®</sup> REGISTRATION

Pet Partner: Complete this section for review by your veterinarian.

Handler's Name:	Date:
Animal's Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Species/Breed:	<input type="checkbox"/> Intact <input type="checkbox"/> Altered
Animal's Lifestyle: <input type="checkbox"/> active <input type="checkbox"/> moderately active <input type="checkbox"/> sedentary	
Is animal boarded at kennels? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, how often?)	
What activities do you do with your animal that expose it to other animals? <input type="checkbox"/> dog/cat shows <input type="checkbox"/> state/county fairs <input type="checkbox"/> other (identify):	
Does your animal spend time outdoors (other than for routine walks)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain:)	
Veterinarian: Please complete the remainder of this form. Dear Doctor: All sections of this form are to be completed. You may use your own health-screening form if it addresses all the categories identified in this form.  How long have you known the handler? _____ the animal? _____	

**Section 1: General Health of the Animal**

The overall health of this animal is (select one):

- 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 condition requiring ongoing treatment)

Vital signs:

- Pulse:
- Temperature:
- Respiration:
- Weight:

Medications:

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How often do you see this animal?

- at least annually
- wellness program
- only when ill or injured
- every \_\_\_\_\_ months

other (please explain)

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Section 2: General Systems Evaluation			
Please list the findings and comment on any abnormal finding, e.g., heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, etc.			
<i>System</i>	<i>Normal</i>	<i>Abnormal</i>	<i>Findings/Comments</i>
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Skin/coat	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Heart/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Digestive	<input type="checkbox"/>	<input type="checkbox"/>	
Urogenital	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	
Mucous Membranes	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3: Vaccinations and Tests for Dogs and Cats (See following pages for other species.)				
Delta Society believes that the veterinarian, and the pet's owner are in the best position to decide what types of tests and immunizations are appropriate for the animal. To participate in the Pet Partners program, rabies immunizations are required for domesticated species as prescribed by state law. Any specifically listed vaccinations and tests are required for that species of animal. Animals that visit people in hospitals, nursing homes, and other healthcare facilities need to be healthy, clean, and well mannered so that they pose little risk to patients. It is equally important to minimize risk to animals that may be exposed to zoonotic agents that could cause harm to an immune compromised, unhealthy, or highly stressed animal.				
<i>Species</i>	<i>Vaccination</i>	<i>Expiration Date</i>	<i>Test</i>	<i>Result</i>
Dogs	Rabies (State Law)		Other (list)	
Cats	Rabies (State Law)		FeLV	
	Other (list)		Other (list)	

Section 4: Parasite Control for Dogs and Cats
External parasite control will vary depending on your geographic area of the country. For your geographic area please indicate:  Parasite(s) controlled for: _____  Method of control: _____
Internal parasite control will have some variation depending on your geographic area of the country. The Pet Partners Program requires fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc. Fecal tests are required even if your dog or cat is on preventative medication.  Date of last fecal exam: _____ <i>(Must be within last 6 months and continued annually after)</i>  Results: _____ <i>(Negative result required for completion)</i>

**Section 5: Overall Assessment for Dogs and Cats**

In your professional judgment, is this animal a good candidate for the Pet Partners Program?     Yes     No

Signature of DVM: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Section 6: Vaccinations and Tests for Other Species**

<i>Species</i>	<i>Vaccination</i>	<i>Expiration Date</i>	<i>Test</i>	<i>Result</i>
Birds			Salmonella	
			Avian TB	
			Chlamydia/Psittacosis	
			Other	
Guinea pigs/ Rabbits			Pasturella (required for rabbits)	
			Coccidiosis	
			Salmonella	
	Other		Other	
Pigs	Rabies		Mites (skin scraping)	
	Erysipelas			
	Pasturella			
	Other		Other	
Horses	Rabies		Other	
	Influenza			
	Tetanus			
	WEE/EEE/VEE			
Sheep/ Llamas/ Goats	Rabies		TB	
	Clostridium		Brucellosis	
	Tetanus		Other	

External parasites for llamas and goats: Required screening and control for lice. Internal parasite control for horses: The Pet Partners Program requires fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc., however your veterinarian may require more frequent testing and treatment. Fecal tests are required even if your horse is on preventative medication.

Date of last fecal exam: \_\_\_\_\_ *(Must be within last 6 months and continued annually after)*

Results: \_\_\_\_\_ *(Negative result required for completion)*

**Section 7: Overall Assessment for Other Species**

In your professional judgment, is this animal a good candidate for the Pet Partners Program?     Yes     No

Signature of DVM: \_\_\_\_\_ Date: \_\_\_\_\_

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

## STEP #7: PET PARTNERS VOLUNTEER CONTACT FORM

Delta Society<sup>®</sup> receives many requests for information and assistance in developing programs to help animals help people. As a Pet Partner, you have special training in the many ways animals help people.

Handler's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Animal's Birthdate \_\_\_\_\_  
(MM/DD/YY)

Would you be interested in Pet Partner networking? \_\_\_\_\_

YES, PLEASE CONTACT ME, I would like to share my expertise in the areas checked below:

P1	<input type="checkbox"/>	Speak to small groups (15-20) about the Pet Partners Program and my experiences.
P2	<input type="checkbox"/>	Accompany a new Pet Partner on initial visit(s).
PT	<input type="checkbox"/>	Talk to individuals interested in Pet Partners.
P3	<input type="checkbox"/>	Provide information and demonstration of our teamwork to facilities interested in starting a program.
P4	<input type="checkbox"/>	Talk to the media about Pet Partners and my experiences.
P5	<input type="checkbox"/>	Assist in organizing a Pet Partners Skills and Aptitude Screening.
P6	<input type="checkbox"/>	Staff Pet Partners exhibit booth at local fairs and events.
P7	<input type="checkbox"/>	Assist in organizing a Pet Partners workshop.
P8	<input type="checkbox"/>	Please check here if you want your name made available to approved facilities seeking quality volunteers, or other Pet Partners in your area.
CH	<input type="checkbox"/>	Help with Delta Society's annual conference.

How did you hear about Pet Partners?

- Event (pet or health fair/Delta Society conference)
- Delta Society web site
- Media (newspaper/radio/television)
- Friend
- Other? Explain

What compelled you to become a Pet Partner at this time?

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Additional comments/specifics you would like to share about yourself and your animal teammate:

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## A NOTE: PET PARTNERS REGISTRATION/RENEWAL PROCESS

A renewal notice will be sent to you approximately three months before your registration is due to expire.

If you wish to obtain a packet before then, you can download the packet from the Delta Society<sup>®</sup> web site, [www.deltasociety.org](http://www.deltasociety.org).

To complete the renewal packet, you will need to complete:

- a handler questionnaire
- a current health- screening form which must have been completed within the last six months
- a re-evaluation of the Pet Partners Skills Test (PPST), and Pet Partners Aptitude Test (PPAT). The packet must be submitted within 90 days of taking the PPST and PPAT.

As with your original registration, processing of your renewal packet will be delayed if any portion of it is incomplete.

If, after 90 days, the incomplete portion of your renewal packet has not been submitted to Delta, your Pet Partners registration will expire. To reinstate your Pet Partners registration you will need to complete the Pet Partners registration packet (not the renewal packet), which is available on the Delta Society web site.

### DID YOU REMEMBER TO INCLUDE:

- Registration Fee
- Photo ID Form (attached or sent via e-mail)
- Application Form
- Volunteer Agreement Form
- Volunteer Review
- Handler's Questionnaire
- Animal Health Screening Forms
- Volunteer Contact Form
- Team Evaluation