Canine Assisted Therapy

SERVICE REQUEST FORM

Name of Organization: _____

Address: _____ City: _____ Zip: _____

Authorized Contact Person: _____ Position: _____

Phone: ( ) _____ - _____ Fax: ( ) _____ - _____

Email: _____ Website: _____

Description of Organization and function:

_____

_____

Why do you want Lend A Paw teams to visit your program?

_____

Frequency of visits: _____ONE TIME _____ON CALL _____RE-OCCURRING

How many individuals will participate per visit/event? _____ Age range: _____ to _____

How many visits per month? _____ (new sites begin with once per month)

What days and times are you interested in having us visit? *Most visits are scheduled for 1-2 hrs.

Circle all that apply: M Tu W Th F Sat Sun

8a-10a 10a-12p 12p-2p 2p-4p

Will our handlers be required to complete additional training to participate? Y N
Will our handlers be required to complete medical or security screenings? Y N
If Yes, please explain: _____

As the authorized representative for this entity/organization/community, I am hereby inviting the Lend A Paw program to bring therapy teams to this facility or event.

We hereby waive and release New Leash On Life and its employees, agents, volunteers and third party contractors from any and all liability of any nature, for injury or damage, including that which may result from the action of any dog and expressly assume the risk of such damage or injury sustained. This permanent agreement applies and pertains to all events, present and future. We acknowledge and agree to these terms.

Authorized Signature: _____ Date: _____

Please e-mail completed and signed form to the Lend A Paw Coordinator LendAPaw@nlol.org

All donations are tax deductible and go directly to this qualified 501(c)(3) charitable non-profit organization. Tax ID #: 95-4662890. Thank you for your consideration to help us sustain a valuable service.

Lend A Paw Program Coordinator: _____ Date: _____

P.O. Box 2240-587, Toluca Lake, CA 91610 661.255.0097 lendapaw@nlol.org