



Thank you for your interest in the PVD Pups Program. Please complete all sections of this form.

Handler Information

Legal Name: First _____ Middle _____ Last _____

Date of birth _____ Email Address _____

Address _____ City _____ State, Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency contact:

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

If you should require an accommodation for any volunteer duties due to functional limitations, please explain accommodation required:

Note: Effective October 1, 2000 a criminal Background Check is required.

Dog Information

Name of Dog _____ Breed or mix type _____

Dogs date of birth if known or approximate age _____

Weight _____ Male Female Spayed/Neutered? _____

Veterinarian Name _____ Phone Number _____

Please describe any physical or medical restrictions for your dog (e.g. epilepsy, diabetes, heart problems, arthritis, etc.):

Is your dog on any medications for these conditions? Yes No

Time as a Therapy Dog _____

Certifying/Registering Organization _____

The following items are required and MUST be included for participation and proof of renewal as required.

- Copy of proof of current rabies vaccination.
- Proof of current city/town dog registration.
- Proof of negative fecal exam done within the last 12 month (signed and dated written proof from veterinarian or clinic).
- Copy of Therapy Dog Certification/Registration. Must be current.
- Copy of Certificate of Insurance noting that there is a dog in the household that is covered for insurance purposes.
- Additional information: Dog shall be treated for fleas, either commercial or homeopathic method.
- Letter on your Veterinarian's letterhead stating that your dog is physically capable of participating in the program and has no health issues that could affect either the dog or the traveling public.

Please note all documents, vaccinations, licenses, proof of insurance and proof of re-certification must be kept up to date and provided to Liberty Luciano.

Any additional information we should know about your dog? Favorite treats, favorite activities, etc. We will be posting information (with your permission) about the dogs and the handlers to promote the program and give recognition to our volunteers.

Please write in the space below: