



LEND A PAW - Canine Assisted Therapy Program
NEW SITE / EVENT APPLICATION

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 handler/dog teams do you need each visit? \_\_\_\_\_ How many visits 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 4p-6p

Will our volunteer handlers be required to complete additional training to participate? Y N

If Yes, please explain: \_\_\_\_\_

As the authorized representative for this organization/community, I am hereby inviting the Lend A Paw program to bring Therapy Dogs to this facility / event.

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

Name of recommending LEND A PAW Volunteer(if any): \_\_\_\_\_

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

LEND A PAW Director: \_\_\_\_\_ Date: \_\_\_\_\_

Donations are encouraged and greatly appreciated to continue funding this valuable program. Thank you for your consideration. 7915