



THERAPY PET APPLICATION

Date of Application: _____ Pet's Name: _____

Breed: _____ Birthday: _____ Sex: _____

Owner: _____ Handler: (if not owner): _____

Does your dog know basic commands? Yes No

If your dog has the AKC's Canine Good Citizen Certification please write date of completion and enclose a copy of the CGC certificate: _____

Is your pet friendly with (please answer yes or no):

Adults: _____ Children: _____ Other Animals: _____

List any medical/physical impairments your pet has: _____

Has your pet ever participated in animal assisted activities or animal assisted therapy (pet therapy) before? (If yes, please describe)

Please include a copy of your pet's current Rabies Vaccination Certificate and the attached Annual Health Screening Form along with this application. Your pet will not be evaluated until we have received these records.

Pets must be at least 1 year of age and have lived with their current owner for at least 6 months at the time of their SFI evaluation.

Complete the Volunteer Application and submit all paperwork to:

Sunshine Friends, Inc.
P.O. Box 6936
Syracuse, NY 13217-6936

Rev. 02/11



SUNSHINE FRIENDS INCORPORATED
P.O. Box 6936
Syracuse, New York 13217-6936

SFI ANNUAL HEALTH SCREENING FORM

Thank you for taking the time to perform an examination of this pet for participation in Sunshine Friends, Inc. (SFI) Therapy Pet Programs. Our volunteers and their pets visit people in hospitals, nursing homes, schools, and other institutions, and bring smiles to more than 800 people each month.

Sunshine Friends, Inc requires every therapy pet to have an annual examination by a veterinarian in addition to a yearly fecal test, current Rabies Vaccination and the use of parasite control. We are asking you to assess the overall health of the animal, and any notable reactions to the process of physical handling. We appreciate your cooperation in completing this form. You may use your own form/statement of health if you prefer. The pet's owner will then be responsible for submitting the form to SFI.

For more information about our programs, please visit www.sunshinefriends.org or call (315) 457-7622.

Pet's Name: _____

Owner's Name: _____

Veterinarian's Name: _____

Date of Examination: _____

Please rate the overall health of the animal:

- 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 conditions requiring ongoing treatment)

Date of Last Fecal Test: _____

Fecal Test Results: _____

Comments:

Signature of Veterinarian: _____

Date: _____

Address: _____

Phone: (____) _____