

Animal Assisted Therapy Program at Northwest Community Hospital

Thank you for your interest in the Animal Assisted Therapy Program at Northwest Community Hospital. The goal of our program is to bring joy, comfort and companionship to patients interacting with the dog/handler team. As an acute care hospital, Northwest Community Hospital strives to ensure that the program's health, safety and training requirements promote the well being of patients, as well as the dog/handler team. With this in mind, we have a comprehensive application, screening and training program.

Basic Dog Obedience and Temperament Requirements

Your dog should consistently perform the following commands.

- sit and down on command
- stay and recall on command
- walk at your side, *loosely on a leash, without pulling*
- get along well with other dogs
- able to perform these commands without treats

In addition, your dog should love people. Your dog should not be overly vocal, and should handle stress well. **Pronged collars or gentle leaders leashes are not acceptable.**

Health Requirements for the Pet

Handlers are responsible for complying with the following health requirements for their participating dogs. *Since this list may contain pet vaccinations that you may not currently have for your pet, please wait until your pet has been accepted into the program before obtaining and additional shots.* If accepted into the program, your veterinarian must complete the AAT Veterinary Screening Form that includes the following:

- Verification that the dog is at least 1 year old.
- Verification of current inoculations for: Rabies (1 or 3 years), DHPP (Distemper, Hepatitis, Parvovirus, Parainfluenza – 1 or 3 years), Leptospirosis (annual), and Bordetella (annual).
- Verification of good dental health.
- Verification of no allergies or skin problems.
- Verification of negative stool exam for parasites.
- A healthy appearance; no signs of fleas or ticks.
- Verification of year round flea and tick protection.

Handlers must be 18 years or older. The dog must have lived with the handler at least 6 months. Handlers will need to complete health requirements and training as a volunteer at Northwest Community Hospital. Thank you.

"Dogs are not our whole lives, but they make our lives whole." - R. Caras

Northwest Community Hospital
Application for Volunteer Animal-Assisted Therapy (AAT): Hospital Program

Name: _____ Date: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Work: _____
Cell/Pager: _____ Email (required): _____
Occupation: _____ Employer: _____
Referred by: _____

Have you ever done Animal Therapy work with your current dog?

No Yes If yes, where:

Are you currently a member of a Therapy Dog Registry Organization? Yes No

If Yes, by whom? _____ Date of Registration: ____/____/____

DOG INFORMATION

Dog breed: _____ Name: _____

Dog Birth date: _____ Age: _____ Weight: _____

Male or Female (circle one) Neutered: Yes No

Has your dog attended any obedience classes? Yes No If yes, where and what level was completed? _____

Is your dog currently on year round Flea and Tick Protection? Yes No

What brand(s): _____

Veterinarian: _____ Phone: _____

Does your dog live with you? Yes No How long? _____

VOLUNTEER NEED

All volunteers will be scheduled to work minimally once every other week.
Please circle your preferred shifts to conduct visits. (Circle shifts that could work for you.)

Saturday 9:30 - 11:30 AM

Wednesday 9:30 - 11:30 AM

Sunday 9:30 - 11:30 AM

Thursday 6:30 - 8:30 PM

Monday 6:30 - 8:30 PM

Friday 2:00 - 4:00 PM

Tuesday 2:00 - 4:00 PM

How many days/month would you like to volunteer? _____

Are you a year around resident at the address listed above? Yes No



HANDLER'S STATEMENT

Please include a written paragraph on why you are interested in being part of the AAT program with your pet. You may write in this space or attach your response

TRAINING COMMITMENT

- Selected qualified applicants will be invited to have their dog's temperament tested.
- You will be notified of the next scheduled temperament testing.
- If you and your dog are selected to participate in our program, you will need to provide proof of current vaccinations.
- Handlers and their dogs will then attend a 3-day training program, conducted at Northwest Community Hospital. Training is conducted by hospital staff and professional dog trainers with extensive experience in the acute care hospital setting.
- Once temperament testing is scheduled, we ask for a non-refundable \$30.00 donation to offset the fees for temperament and obedience testing. If accepted into the program, we ask participants to incur a portion of our costs for training. Your portion is \$125., and the hospital covers the remaining training expenses.

I, _____ (name) understand the time and financial commitment involved with becoming a Northwest Community Hospital certified dog/handler. I understand that my services will be exclusive to Northwest Community Hospital. I also understand that I am required to fulfill all of the veterinarian requirements outlined in the pet requirements. I fully accept all of the terms and conditions stated above.

Signature

Printed Name

Complete this application and mail, fax or e-mail to:

Diane Colville MS
 Animal Assisted Therapy, Northwest Community Hospital
 c/o Wellness Center
 900 W. Central
 Arlington Heights, IL 60005
 E-mail: dcolville@nch.org

FAX: 847-618-7919

If you have any additional questions, please contact me at 847-618-7968. Thank you.

