

Thank you for your interest in the Animal Assisted Therapy Program at Northwest Community Healthcare. 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 wellbeing 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 leader leashes are not acceptable.** To learn more about the qualities that we look for in a therapy dog, visit the [Alliance of Therapy Dogs website](#). If your dog is not proficient with the obedience and temperament requirements as outlined, you may want to consider additional training before submitting your application.

### **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's age is between 18 months and 10 years 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 skin problems. (Allergies must be effectively treated with no open wounds/hot spots).
- 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 Phone: \_\_\_\_\_ 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  Female 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 check your preferred shifts to conduct visits. (Select shifts that could work for you.)

- |  |   |
|--|---|
| <input type="checkbox"/> Saturday, 9:30 – 11:30 a.m. | <input type="checkbox"/> Wednesday, 9:30 – 11:30 a.m. |
| <input type="checkbox"/> Sunday, 9:30 – 11:30 a.m.   | <input type="checkbox"/> Thursday, 6:30 – 8:30 p.m.   |
| <input type="checkbox"/> Monday, 6:30 – 8:30 p.m.    | <input type="checkbox"/> Friday, 1:30 – 3:30 p.m.     |
| <input type="checkbox"/> Tuesday, 1:30 – 3:30 p.m.   |   |

How many days/month would you like to volunteer? \_\_\_\_\_

Are you a year-round 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 \$125.00, 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:**

Kathy King  
Animal Assisted Therapy, Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005  
E-mail: K2king@nch.org FAX: 847-618-4499

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

