



Pet Therapy Program Application

First Name:

Last Name:

Email:

Telephone Number:

Dogs Name:

Dogs Gender:

Dogs Breed:

Dogs Birth Date:

Name of Your Veterinarian:

Telephone Number of Your Veterinarian:

What kind of training has your dog had?

How is your dog around children?

Is your dog shy of men or women?

How did you hear about us?



Are you 18 years of age or older?

- Yes
- No

Can you serve at least 1 year doing this work?

- Yes
- No
- No Sure

Are you willing to comply with hospital policy regarding mandatory annual flu shots?

- Yes
- No

Are you an employee of Longs Peak Hospital?

- Yes
- No

Are you and you dog presently registered?

- Alliance of Therapy Dogs
- Pet Partners
- Therapy Dogs International
- I am not registered with any of the above

Do you have any therapy dog visiting experience?

You may return your response by email to LPHvolunteers@uchealth.org or by mail to:

Longs Peak Hospital
Volunteer Services Department
Attention: Julie Adams, Manager, Volunteer Services & Retail
1750 E. Ken Pratt Boulevard
Longmont, CO 80504