



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