



**BBSP, Inc.**  
779 Glenhurst Road  
Willowick, OH 44095  
Phone: (216) 242-7007  
Email: [bbspdogs@aol.com](mailto:bbspdogs@aol.com)  
Website: [www.bbspdogs.com](http://www.bbspdogs.com)

**Nonprofit EIN# 82-3520690**

## Brave Buddy Service Pups

### Therapy Dog Program Request Form

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#### Requesting Contact Information

**Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name of Organization / Facility Requesting the Program\***

\_\_\_\_\_

**Your Title / Role or Relationship to the Requesting Organization\***

\_\_\_\_\_

**Venue / Facility Address\***

(Please include street address, city, state, and zip code)

\_\_\_\_\_

*Note: Brave Buddy Service Pups (BBSP) serves Greater Cleveland and surrounding counties. If the venue is outside this service area, we may be unable to partner at this time.*

**Organization / Facility Website (if applicable):**

\_\_\_\_\_

\_\_\_\_\_

#### General Information

**How did you hear about Brave Buddy Service Pups?\***

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**Please describe your organization, the services you offer, the population served, and general age range.\***

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**Please describe your goals for starting a Brave Buddy Service Pups therapy dog program at your facility.\***

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**Who will receive therapy dog visits, and how will participants be identified?\***

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**Estimated group size per therapy dog visit\***

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**How often would you like therapy dog visits?**

Weekly  Biweekly  Monthly  Other: \_\_\_\_\_

**Preferred day(s) of the week and time frame for visits\***

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**Please describe the atmosphere of your location (e.g., calm, fast-paced, quiet, public-facing).\***

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## Program Space & Supervision

**Please describe the designated area where BBSP volunteers (with or without therapy dogs) will interact with guests.\***

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**If visits are not conducted in a group setting, who from your organization will chaperone BBSP volunteers during visits?**

*(Education faculty only)*

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## Logistics

**What documentation does your organization require from BBSP volunteers? (Check all that apply)\***

- Vaccination Records
- Volunteer Signed Policy & Procedure Form
- Therapy Dog Certification
- Other: \_\_\_\_\_

*Note: BBSP maintains up-to-date vaccination records for all active volunteer therapy dogs on file.*

**Designated outdoor relief area for therapy dogs\***

\_\_\_\_\_

**Location of trash receptacle for waste disposal\***

\_\_\_\_\_

**Sign-in / Sign-out or registration location\***

\_\_\_\_\_

**Volunteer parking location**

\_\_\_\_\_

**Are there parking fees or other costs for volunteers or BBSP?\***

No  Yes (please explain): \_\_\_\_\_

*We appreciate facilities that are able to provide free parking for assigned therapy dog teams.*

\_\_\_\_\_

## Volunteer Agreement

A signed Volunteer Agreement is required to participate in a Brave Buddy Service Pups program. If your organization is unable to execute this agreement, BBSP will be unable to partner at this time.

**Authorized Contact to Sign Volunteer Agreement\***

Name: \_\_\_\_\_

**Email Address of Authorized Signer\***

\_\_\_\_\_

\_\_\_\_\_

## Insurance Disclosure

Therapy dog services operate under a shared-coverage insurance model. Brave Buddy Service Pups maintains primary liability insurance covering its registered handlers and therapy dogs. For approved and scheduled visits only, the requesting facility is included as an additional insured, limited to claims arising directly from the therapy dog team's presence during authorized service periods.

Coverage does **not** extend to unscheduled appearances, unregistered animals, activities outside the approved therapy scope, or any form of retroactive classification. BBSP retains full control and supervision of its therapy dog teams, and the facility maintains independent premises liability insurance.

This structure ensures appropriate protection for all parties while maintaining compliance with insurance, nonprofit, and risk-management standards.

Certificate of Insurance Requested

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## Funding & Promotion

Brave Buddy Service Pups is a nonprofit organization supported through charitable contributions. We do not impose fees for therapy dog services; however, donations are gratefully welcomed and enable continued community service. The ability to contribute does not influence partnership eligibility.

*Volunteer donations from prospective entities are limited to **\$100,000.00 per calendar year.***

For funding inquiries, please contact:

**Vania Mahon, Executive Director**

bbspdogs@aol.com

**Do you plan to promote this program internally or externally?\***

Yes  No

If yes, please describe how:

\_\_\_\_\_  
\_\_\_\_\_

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## Acknowledgment

By submitting this form, the requesting organization acknowledges and understands the scope, limitations, and requirements of participation in the Brave Buddy Service Pups Therapy Dog Program.

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_