



St. John Ambulance

SAVING LIVES

at work, home and play

Request for Therapy Dog Services
SUBMISSION DATE: _____

Contact Information

Name of Business /group/organization: _____

Contact Person, Title: _____

Address: _____

City: _____ Postal Code: _____

Phone #: _____ Fax #: _____ Cell #: _____

Email Address: _____

On-Site Contact Person(s): _____

Site Contact info: cell #,

etc.: _____

Visit Location (including city and street address):

Check in point: _____

Of Volunteer Teams Requested: _____

Single or routine visits – i.e., Weekly/Monthly, Daytime, Evenings, Weekends, etc.

Preferred dates: _____

Preferred times (Most visits usually last about 1.0 to 2.0 hours): _____

Please describe your facility, important policies to be aware of (example: covid restrictions), and audience/visitors (ages important for child certified teams) who will be in attendance.



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If applicable, we request the following additional information:

Site Layout Map

Proposed Route Map

Activity Schedule

Rain Out Plans

Other Information

If needed, will water be available for our dogs? _____

If this request is met, we are now asking (for any business/employer requests) that, as a token of appreciation, you provide us with a donation. Our therapy dog program is in high demand and without the support of donations, it is difficult to provide free training, support, and uniforms for both handlers and dogs. We recognize and understand that a donation is not financially possible for all organizations, such as some NGOs, in which case an exception will be made. Suggested donation is \$50-\$500 or more per hour.

How much will your donation be? _____

Signature: _____ Date: _____

Important Notes: To provide Therapy Dog Service Applicant with notice of acceptance or decline of coverage, a deadline date for our volunteers Team to sign-up for this event will be determined by the Program Coordinator and relayed to you on receipt of this application. This deadline date will generally be 1-2 weeks prior to your event. It is important to note that we are a volunteer service, and cannot guarantee visits; however, we make every effort to facilitate visitation once this application is received. SJA will not be held responsible for any expenses incurred as a result of not being able to provide Therapy Dog Service. SJA reserves the right to decline visits for any reason.

Thank you for supporting our SJA Therapy Dog Program.

- ☐ You can pay by cheque – cheques are to be made payable to St. John Ambulance and can be hand delivered or mailed to 2625 3rd Avenue Regina, SK, S4T 0C8 .
- ☐ When a business wants to donate via e-transfer, please use: skaccounting@sja.ca
- ☐ You can also pay by Mastercard in person or by phone by calling 306-522-7226 and speaking to the person that answers the phone—if you are donating this way, please let Ben Carey or Lisa Schwann know ahead of time so we can create an invoice – please quote the invoice # when paying.

Please return the completed form to:

Ben Carey

Coordinator of Community Services

Email: ben.carey@sja.ca