



Aquarium Therapy Program Application Form

Recipient Details

Date: _____

Name: _____ Occupation: _____

Address: _____

Phone # _____ Mobile # _____

Email Address: _____

Housing Type: _____

Please include Land Lord or apartment/condo phone #. Some facilities have aquarium size regulations. We ensure our aquariums will follow the guidelines of your living space.

Name of Facility/Landlord: _____

Phone #: _____

Please include Advocate information if referred by Care Coalition

Advocate Name: _____

Phone #: _____

Email: _____

Additional Questions

What interests you most about aquarium therapy?

How did you hear about Therapeutic Tanks?

Do you feel comfortable allowing a service provider into your home? Y/N

Do you have any specialized requirements?

Were you honorably or medically discharged from military service? Y/N

Please provide further details if discharge was other than honorable.

Therapeutic Tanks would like to thank each applicant for their service to our country. We are devoted to providing our services to as many veterans as possible.

Therapeutic Tanks is a 501 (c)(3) non-profit, charitable organization. Our organization is an equal opportunity foundation that will not discriminate and will ensure no applicant is turned down on the basis of race, color, national origin, or sex.

All applications are reviewed and selected by the Board of Directors. Aquariums are rewarded to selected individuals on a bi-annual basis.

Please complete and submit with this application with a copy of your DD-214, supporting disability information, and any other information you wish for us to review.

Therapeutic Tanks will not share or distribute any information and holds privacy in the highest regard. Please contact us if there is sensitive information you wish to withhold.

Submit completed applications to “info@therapeutictanks.org” or mail a copy to our offices at “601 Cleveland St., Suite 501 Clearwater, Florida 33755”

For additional questions please call +1 (727) 200-3399