



# 4 Paws of Love


PO Box 28325, San Diego, CA 92198  
Email: [4PawsOfLoveTherapy@gmail.com](mailto:4PawsOfLoveTherapy@gmail.com)

## Membership Application

Please make sure to save copies of all forms before mailing them.  
Please allow up to three (3) weeks for processing.

 Those seeking membership must complete the following for each therapy team: Canine Good Citizenship (CGC), Initial Evaluation, a Supervised Visits Records form, a Final Visit Evaluation, and a Membership Application.

 If more than one person is becoming certified with the same pet, each person must do so separately and cannot combine the Initial Evaluation, Supervised Visits Record, Final Visit Evaluation, and Membership Application.

 If a person is becoming certified with more than one pet, the person must go through the process of completing the Canine Good Citizenship (CGC), Initial Evaluation, Supervised Visits Record, Final Visit Evaluation, and Membership Application for each pet.

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone (Home#) \_\_\_\_\_ Phone (Cell#) \_\_\_\_\_

Email Address \_\_\_\_\_

Pet's Name \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Neutered \_\_\_\_\_

Microchip # \_\_\_\_\_ Weight: \_\_\_\_\_

Breed/Type of Pet \_\_\_\_\_

Color and Markings \_\_\_\_\_

Veterinarian \_\_\_\_\_

Veterinarian's Address: \_\_\_\_\_

Veterinarian's Phone Number \_\_\_\_\_

Date of Last Examination by Veterinarian \_\_\_\_\_

Rabies Expiration Date \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you been involved in another pet assisted therapy organization? \_\_\_\_ Yes \_\_\_\_ No

If yes, which organization and for how long? \_\_\_\_\_

Provide two (2) personal and/or professional references and their contact numbers:

1) \_\_\_\_\_

2) \_\_\_\_\_

Have you ever been accused /convicted of an abuse or molestation charge? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

**Annual Membership Fees (Choose One)**

 Therapy Pet Team (handler/pet) \$30.00 per year \$ \_\_\_\_\_  
(Includes Photo ID for dog and handler, plastic ID holder, and 4 Paws of Love Certificate)

 Additional Handler (for dog already certified) \$20.00 per year \$ \_\_\_\_\_  
(Additional handler must complete the Initial Evaluation, a Supervised Visits Records form, a Final Visit Evaluation. Includes Photo ID for dog and handler, plastic ID holder, and 4 Paws of Love Certificate)

 Current Member Adding Additional Dog \$20.00 per year \$ \_\_\_\_\_  
(Member must complete the Initial Evaluation, a Supervised Visits Records form, a Final Visit Evaluation for the additional dog. Includes Photo ID for dog and handler, plastic ID holder, and 4 Paws of Love Certificate)

 4 Paws of Love Bandana:                      Quantity: \_\_\_\_\_ x \$12.00                      \$ \_\_\_\_\_

I understand that membership fees and other expenses may increase over time.

## **Insurance Conditions**

You will only be covered by our insurance under these conditions:

- 🐾 You have completed all the necessary paperwork to be a supervised team in training;
- 🐾 As a supervised team in training, you are only doing visits under the guidance of a qualified 4 Paws of Love facility leader;
- 🐾 As a fully certified 4 Paws of Love therapy team, you and your certified pet are up to date on your annual dues;
- 🐾 You are abiding by all the regulations/guidelines/rules/bylaws set forth by 4 Paws of Love;
- 🐾 You are abiding by all the regulations set forth by the facility/organization you are visiting;
- 🐾 You and your certified pet are conducting an authorized 4 Paws of Love visit.

## Membership Agreement

As a member of 4 Paws of Love, I understand and agree to the following:

- 🐾 The therapy pet and I will be clean and neatly presentable for each visit;
- 🐾 The therapy pet shall be up to date on all California required vaccinations;
- 🐾 I acknowledge that the behavior of my therapy pet and my behavior during visits directly reflect 4 Paws of Love;
- 🐾 I shall regard the safety of others at all times during our visits;
- 🐾 If an incident occurs during a visit, I will immediately report it to the Facility Leader. I will then immediately complete an incident report, submitting it to 4 Paws of Love Board and the Facility Leader.
- 🐾 I am responsible for the therapy pet's actions at all times, including, but not limited to financial or physical injury;
- 🐾 I shall keep committed to positively reinforcing commands and various obedience requirements;
- 🐾 I shall not abuse my membership with 4 Paws of Love by attempting to pass my therapy pet off as a service dog;
- 🐾 I give permission to 4 Paws of Love to utilize photos of myself and my therapy pet for any promotional or educational usage;
- 🐾 I shall abide by all the regulations set forth by 4 Paws of Love;
- 🐾 I acknowledge that 4 Paws of Love can terminate my membership at their discretion;

By signing all paperwork required by 4 Paws of Love you are acknowledging all information submitted to be true and accurate. Applications will not be accepted without completing and signing all required documents.

Dues are non-refundable in the event your membership is revoked or you decide to no longer be a member of 4 Paws of Love.

Name (Print): \_\_\_\_\_

Name (Signature): \_\_\_\_\_

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

Original forms (no photocopies) and check are to be mailed to:

**4 Paws of Love  
P.O. Box 28325  
San Diego, CA 92198**