Facility Contact Form

Facility Name: ________________________________________________________________
Street Address: _______________________________________________________________________________________
City, State, Zip: _______________________________________________________________________________________
Website: _____________________________________________________________________________________________
Description of facility: ________________________________________________________________________________

Services offered at facility: _____________________________________________________________________________

Contact Name: _______________________________________________________________________________________
Contact Title: _______________________________________________________________________________________
Contact Email: _______________________________________________________________________________________ 
Contact Phone Number: ________________________________________________________________________________

Does your facility require any additional handler training or animal medical testing, beyond the requirements, training, and evaluations that our Therapy Animal Teams have already completed?
☐ Yes: ________________________________________________________________________________________________
☐ No

Agreement:
• Handlers wear a name tag. Animals wear ID tag and program bandana or vest.
• Teams cannot visit for more than 2 hours at a time or more than 4 hours in a given day. Teams report all hours to the Monroe County Humane Association monthly.
• Teams cannot visit any locations where personal protective gear is required.
• Teams cannot visit private homes unless a care provider is present.
• Teams file an incident report with the Monroe County Humane Association within 24 hours if any incident or unusual situation occurs during a visit.
• The Monroe County Humane Association provides teams with general & professional liability insurance (both with limits of up to $1,000,000) related only to duties as a Therapy Animal Team, while following these guidelines and other guidelines set by the Monroe County Humane Association.

I, ____________________________, as an authorized representative of the following facility, ____________________________, have read, acknowledge, and accept the requirements and limits of the Therapy Animal Program, including the insurance coverage, and I invite the Therapy Animal Teams to visit this facility.

Signature: ____________________________________________________________________________________________
Date: ________________________________________________________________________________________________
MONROE COUNTY HUMANE ASSOCIATION
Therapy Animal Program

Visit Request Form

Facility Name: ____________________________________________________________

Street Address: __________________________________________________________

City, State, Zip: __________________________________________________________

Does your facility have a current Facility Contact Form on file with the Monroe County Humane Association? This is required for all visits.

☐ Yes
☐ No
☐ Submitting it with this visit request

Date & Time

☐ One Time: _____________________________________________________________

☐ Recurring: _____________________________________________________________

Length of Time:

☐ 30 minutes or less
☐ 30 minutes - 1 hour
☐ 1 hour - 2 hours

Group Size:

☐ Individual
☐ 2-5 people
☐ 6-9 people
☐ 10+ people

Where in the facility will visits occur? _______________________________________

Are there areas that should be avoided? (food prep, sterile supply, etc) _________

Parking:

Parking Fees? Parking Passes Provided?

☐ Yes ☐ Yes
☐ No ☐ No

Can dog & cat teams enter your facility?

☐ Dogs
☐ Cats
☐ Both

Additional Details: _________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

MONROE COUNTY
HUMANE ASSOCIATION
CLINIC • EDUCATION • OUTREACH