

MONROE COUNTY HUMANE ASSOCIATION

Therapy Animal Program

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: _____

