



EMHC Guild and Volunteers:

# Animal Assisted Therapy Program

You and your best friend can bring a smile to patients during their stay at Elmhurst Memorial Hospital.

We welcome your application for participation in our Animal Assisted Therapy Program if you are at least 18 years of age, and if your dog meets the following criteria:

- Your dog sits and lays down with only one command
- Your dog stays until you call him or her with only one command
- He or she walks loosely on a leash and doesn't pull, even when excited
- Your dog is friendly with other dogs
- Your dog will perform commands without treats as a reward

We have other requirements, too, that will help you, your pet and our patients enjoy the Animal Assisted Therapy experience.

Your dog should:

- Enjoy people
- Not bark or whine
- Be at least a year old
- Be up-to-date on all vaccinations, including rabies
- Not have any skin problems

We also ask that you do not use prong collars, gentle leaders or retractable leashes, and that you and your dog have completed a group obedience training class within the past six months.

**Interested in donating to our Animal Assisted Therapy Program? Visit us at [www.emhc.org/services](http://www.emhc.org/services). Be sure to note in the comment field that your donation is for the Animal Assisted Therapy Program.**

Please deliver completed applications to the Volunteer Office at Elmhurst Memorial Hospital, 155 E. Brush Hill Road, Elmhurst, IL 60126 or fax your application to (331) 221-3781.

# Animal Assisted Therapy Program Application

## General Information

NAME

ADDRESS

CITY STATE ZIP

HOME OR MOBILE PHONE WORK

E-MAIL

OCCUPATION EMPLOYER

REFERRED BY

Have you ever done dog therapy work? (With your current dog)

Yes  No

IF YES, WHERE?

Are you currently Dog/Therapy Certified:  Yes  No

IF YES, BY WHOM?

DATE OF CERTIFICATION:

## Dog Information

DOG BREED

AGE WEIGHT DOG BIRTH DATE

NAME

Gender:  Male  Female Spayed/Neutered:  Yes  No

Has your dog attended any obedience classes?  Yes  No

IF YES, WHERE AND WHAT LEVEL WAS COMPLETED?

Is your dog currently on year around Flea Protection?  Yes  No

WHAT BRAND

HEARTGUARD BRAND

VETERINARIAN PHONE

Does your dog live with you?  Yes  No

HOW LONG?

PLEASE INCLUDE A WRITTEN PARAGRAPH ON WHY YOU ARE INTERESTED IN PARTICIPATING IN THIS TYPE OF PROGRAM.

## Volunteer Shifts

All volunteers should be able to work once every other week.

We currently have the following shifts (Check all the apply):

- Saturday & Sunday (2:30 pm–4:30 pm)
- Monday, Wednesday, Friday (2:30 pm–4:30 pm)
- Tuesday, Thursday (6:00 pm–8:00 pm)

How much would you like to volunteer?

\_\_\_\_ Number of days/week  
\_\_\_\_ Number of days/month

Are you a year around resident at the address listed above?

Yes  No

If you have additional questions or need a referral to a good obedience trainer to brush up on skills, please call (331) 221-0196.

## TRAINING COMMITMENT

Select qualified applications will be invited to have their dog's temperament tested. A \$30 tax-deductible, non-refundable fee for the temperament testing should be made payable to the Elmhurst Memorial Hospital Foundation.

Handlers and dogs that are accepted into our program will need to provide proof of current vaccinations and attend a three day intensive training and certification course. Elmhurst Memorial Hospital covers more than half of the \$300 training fee, meaning that you will only have to pay \$125 for training.

Upon the successful completion of your training and therapy dog testing, you will submit paperwork and the additional \$35 registration fee to Bright & Beautiful Therapy Dogs, Inc. for your therapy registration tags and insurance.

## EXCLUSIVITY AGREEMENT

Upon passing the training and certification course, all graduates will be contracted exclusively to Elmhurst Memorial Hospital. This means that you may not offer animal assisted therapy services at any other hospital, medical facility, or treatment center. For the safety of our patients at Elmhurst Memorial Hospital, offering animal assisted therapy services to nursing or retirement homes is prohibited. However, those who complete our program are more than welcome to do presentations with their pet at non-healthcare related venues, such as schools, libraries, etc.

I understand the time and financial commitment involved with becoming an Elmhurst Memorial Hospital Certified dog/handler. I have read the exclusivity agreement and understand that my services are exclusive to Elmhurst Memorial Hospital and no other healthcare related venues. I understand that my dog must meet all veterinarian requirements outlined in the pet requirements.

By checking here you accept the terms and conditions above.

SIGN YOUR NAME DATE



Elmhurst Memorial  
Healthcare

intelligent medicine by design