



# Rhode Island

T. F. Green International Airport

## PVD PUPS APPLICATION FORM

Thank you for your interest in the PVD Pups Program. Please complete all sections of this form.

### HANDLER INFORMATION

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Date of birth \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If you should require an accommodation for any volunteer duties due to functional limitations, please explain accommodation required:

\_\_\_\_\_

### DOG INFORMATION

Name of Dog \_\_\_\_\_ Breed or mix type \_\_\_\_\_

Dogs date of birth if known or approximate age \_\_\_\_\_

Weight \_\_\_\_\_ Male Female Spayed/Neutered? \_\_\_\_\_

Veterinarian Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Please describe any physical or medical restrictions for your dog (e.g. epilepsy, diabetes, heart problems, arthritis, etc.):

Is your dog on any medications for these conditions? Yes            No

Time as a Therapy Dog \_\_\_\_\_

Certifying/Registering Organization \_\_\_\_\_

The following items are required and MUST be included for participation and proof of renewal as required.

- Copy of proof of current rabies vaccination.
- Proof of current city/town dog registration.
- Proof of negative fecal exam done within the last 12 month (signed and dated written proof from veterinarian or clinic).
- Copy of Therapy Dog Certification/Registration. Must be current.
- Copy of Certificate of Insurance noting that there is a dog in the household that is covered for insurance purposes.
- Additional information: Dog shall be treated for fleas, either commercial or homeopathic method.
- Letter on your Veterinarian's letterhead stating that your dog is physically capable of participating in the program and has no health issues that could affect either the dog or the traveling public.

Please note all documents, vaccinations, licenses, proof of insurance and proof of re-certification must be kept up to date and provided to Liberty Luciano.

Any additional information we should know about your dog? Favorite treats, favorite activities, etc. We will be posting information (with your permission) about the dogs and the handlers to promote the program and give recognition to our volunteers.

Please write in the space below: