Annual Application to Participate in Therapy Animal Events at UC Santa Cruz

1. Applicant Information

Applicant Name/Owner/Handler Name: ____________________________
Residence Address: ________________________________________________
Mobile phone number: ____________________
UC affiliation: Affiliate / Non-affiliate
Dog breed: ______________ Color: ______________
Dog name: ___________________________ Age: _____

All Therapy Animals participating in Therapy Animal events at UC Santa Cruz must be currently registered with one of the approved Therapy Animal organizations.

Please indicate which approved Therapy Animal organization you and your animal are registered with:

- [ ] Therapy Dogs International (TDI)
- [ ] Alliance of Therapy Dogs
- [ ] Furry Friends

Date your Therapy Animal registration expires: _______________

Therapy Animal and Handler Requirements:

- Therapy Animals must be in good health, current on all required vaccinations and in compliance with the requirements of the Therapy Animal organization they are registered with.
- Therapy Animals must be on a leash at all times and all waste must be cleaned up immediately.
- Therapy Animals must be very comfortable around other animals and crowds of people.
- Therapy Animals must wear a collar or harness with an identification tag bearing owner’s contact information.
- Animal Handlers must take responsibility for their animal’s behavior.
- This exemption permit must be carried at all times when the Therapy Animal is on campus.

2. Please attach proof of current Therapy Animal registration.

3. Owner statement of understanding and agreement to comply with the above requirements.

By my signature below I acknowledge that I have read and understand the above requirements and agree to comply as a condition of being considered for an exemption to the campus policy on Non-Research Animals as a Registered Therapy Animal handler. I understand failure to comply with one or more of the requirements at any time may result in the immediate revocation of any permit then in effect and I may be asked to remove my animal from campus.

Signature of Owner/Handler: ________________________________ Date: ____________

Animal Exemption Permit to Participate in Therapy Animal Events

Submit this form to the Student Volunteer Center for approval at volunteer@ucsc.edu or to Mail Stop: Student Services. Retain this form for one year from the date of the event.
Appendix B: Annual Application to Participate in Therapy Animal Events at UC Santa Cruz

Submit this form to the Student Volunteer Center for approval at volunteer@ucsc.edu or to Mail Stop: Student Services. Retain this form for one year from the date of the event.

issued by the University of California, Santa Cruz Dean of Students

Permit Start Date _______________________ Permit End Date _______________________

Signature of Dean of Students __________________________ Date: __________

ADVISORY

A copy of this Application/Permit, signed and approved, must be maintained in the possession of the Owner/Handler at all times the animal is present on university property.