



Special Spaniels Therapy Dogs Facility Agreement

This document represents an understanding between _____ (facility) and Special Spaniels Therapy Dogs, Inc. for an Animal Visitation Therapy program.

Special Spaniels Therapy Dogs, Inc. agrees to provide the following:

Person-Animal Teams which have been evaluated for temperament and basic obedience skills. This provides assurance that:

- Only teams who have passed training and screening will be visiting.
- Teams are re-evaluated on a yearly basis.
- All volunteers are covered by primary liability insurance.
- Animals will be properly bathed and groomed prior to each visit.
- Handlers and animals are appropriately dressed and identified.

The date/time of the visitation: _____

This schedule may be modified as needed with advanced notice.

If a scheduled visit must be cancelled, Special Spaniels Therapy Dogs will notify _____ of _____ (facility).

Likewise, if _____ (facility) needs to cancel a scheduled visit, _____ (contact person) will notify Special Spaniels Therapy Dogs at 219-671-9581.

_____ (facility) agrees to provide the following:

1. Primary and alternate staff liaisons as points of contact for Special Spaniels.
2. Pre-screening of residents for appropriateness of visits before Special Spaniels arrive.
3. Up-to-date list of clients approved to receive visits to teams as they arrive and before they begin to see clients.
4. Staff will accompany teams on their visits to
 - o Introduce teams to the clients and
 - o Provide teams with information about goals to work toward with each client.
5. Periodic meetings between the staff liaison and Special Spaniels for the purpose of coordinating activities and providing the best possible service to the clients.
6. Orientation for new Special Spaniels Therapy Dog teams before they make their first visit to _____ (facility).
7. A copy of the facility's animal-assisted activities and therapy policies and procedures to the Special Spaniels group coordinator, including updates as needed.
8. Pre and/or Post visit sessions to discuss clients, goals, etc. with the Special Spaniels teams to maximize the effectiveness of the visits.
9. That there will not be any other animals visiting the facility during a scheduled Special Spaniels Therapy Dogs visit.

Signed:

_____(Contact)
Special Spaniels Therapy Dogs, Inc.
216 E. 13th Place
Hobart, IN 46342
219-671-9581
info@specialspaniels.org
Date: _____

_____(Contact)
_____(Facility)
Address: _____

Phone: _____
Email: _____
Date: _____