

## HUNTSVILLE PETS HELPING PEOPLE APPLICATION/AGREEMENT

### Mail Completed Application To:

**Vicki Silvis**  
**99 Pine Ridge Lane**  
**Huntsville, TX 77340**

Mission Statement

To help people through beneficial contacts with companion, therapy animals and deliver quality animal-assisted activity and therapy programs, to unite people who have mental and physical disabilities and patients in healthcare facilities with professionally trained animals to help improve their health and to promote education to encourage a responsible relationship between people and pets

If you would like to join HPHP, please complete the following application.

Name: \_\_\_\_\_ Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Business Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Type of Pet: Dog  Cat  Bird  Other \_\_\_\_\_

If dog Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: Male  Female  Neutered? Yes  No

Name of animal: \_\_\_\_\_ Call Name: \_\_\_\_\_

Training and Certificates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently a Delta registered team? If "Yes", please provide the Delta # \_\_\_\_\_

**Vaccinations:** Current Yes  No

Name & Phone number of Vet: \_\_\_\_\_

I give permission for a representative of HPHP to contact my vet to verify the suitability of my pet for therapy work and current status of vaccination.

I give permission for HPHP to conduct a criminal background check. Persons convicted of a child-misconduct charge will be denied.

I have read, understand and agree to abide by the HPHP Rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will be contacted by the Board when a decision on the application has been decided.

Accepted:  Declined:  Explanation if Declined: \_\_\_\_\_

\_\_\_\_\_