

Do you have an existing policy and procedure for visiting? Yes No
Do you have an existing policy and procedure for resident? Yes No
Do you have resident animals? Yes No

If yes, please explain: _____

Do you have a Volunteer Application that our teams need to fill out? Yes No
Do you have a Volunteer Orientation that our teams need to attend? Yes No

Do you require shots (like TB)? Yes No

If yes, please specify: _____

Have you ever worked with animals before with your patients/clients? Yes No

Where did you hear about us? _____

How do you envision having animals interact with your patients/clients?

Would you like to make a donation to Intermountain Therapy Animals to help us provide this service to facilities like yours?

_____ Yes, we would like to make a donation for (circle one):

\$25 **\$50** **\$100** **Other \$** _____

Cash/Check _____

Credit Card _____

Please call our office at 801-272-3439 for credit card donations.

Your donation will be greatly appreciated!