

## WELCOME

Thank you for your interest in volunteering with The Gabriel Institute. The need in our community is great and we welcome new members and their dogs.

A therapy pet's primary function is to brighten someone's day. Therapy pets and their handlers visit nursing homes and hospitals to provide emotional support. They put a smile on someone's face, make their day a little brighter, or help them remember the comfort and love of their own pets.

Though most people we visit are most interested in the dog, many just enjoy seeing a friendly face and having someone to talk to other than facility staff. So it is also important that we as handlers talk with patients and/or just listen as they pet the therapy dog.

Our process is simple. We have either evaluated your pet out and about in the world, or you and your pet have already completed obedience training and your dog is able to successfully complete the AKC Canine Good Citizen guidelines. After you have completed the paperwork, we will schedule an evaluation which is a test visit at one of our weekly facilities. If that is successful, we will invite you and your dog to visit at the other facilities. Once we are confident with your therapy team we will clear you to begin visiting unaccompanied.

Prerequisites for scheduling Pet-Handler Evaluation:

- Applicant must be the owner/handler of the pet, and must be at least 18 years old.
- Pet must have lived with the owner/handler for at least 6 months, and
- Pet must be at least 1 year old at the time of testing.
- Applicant must review and sign the included documents in this volunteer packet.

Important criteria used to evaluate prospective dogs.

Dogs must:

- Be friendly to everyone, enjoys being around people
- Have strong command of basic training
- Be neither shy nor aggressive
- Be friendly to other dogs
- Be comfortable on or off leash
- Ignore food in patients rooms and elsewhere throughout the facility
- Remain calm and unreactive when the patient cannot act normally, i.e. hands shaking or movements are jerky
- Be in good health

Packet Includes:

- Volunteer Profile
- Pet Profile
- Volunteer Guidelines
- Annual Medical Record Form
- Release form
- Visits record form



**THE GABRIEL INSTITUTE**

Tel: (713) 688-9345 | Email: stan@gabrielinstitute.org

**REQUIRED FOR REGISTRATION**

## VOLUNTEER PROFILE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME # \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

AVAILABILITY TO VISIT:    WEEKDAYS:     WEEKENDS:     WEEKNIGHTS:     FLEXIBLE:

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

HOW LONG HAS THE DOG LIVED WITH YOU? \_\_\_\_\_

HOW LONG HAVE YOU OWNED THIS PET: \_\_\_\_\_



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## DOG PROFILE

DOG NAME: \_\_\_\_\_

GENDER: MALE  FEMALE  NECK SIZE (for bandana): \_\_\_\_\_ INCHES

BREED: \_\_\_\_\_ AKC or CANINE PARTNERS #: \_\_\_\_\_

COLOR: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

IS YOUR PET A RESCUE? YES  NO  RESCUE ORGANIZATION: \_\_\_\_\_

LIST ANY TRAINING YOUR DOG HAS: \_\_\_\_\_

DATE OF TEST VISIT: \_\_\_\_\_

DOG'S FAVORITE FOOD: \_\_\_\_\_ DOG'S FAVORITE PLACE: \_\_\_\_\_

OTHER FUN FACTS ABOUT YOUR DOG: \_\_\_\_\_

I agree to uphold The Gabriel Institute Code of Ethics, and have completed this Volunteer Profile completely and accurately.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## VOLUNTEER GUIDELINES FOR THERAPY DOG TEAMS

All therapy dog teams that are certified by the Gabriel Institute must follow the following guidelines:

All dogs must be well-groomed and current on vaccinations, including rabies and distemper, or provide proof of current titers rabies excluded. All dogs must be on monthly heartworm preventative or proof of recent fecal exam.

1. Handlers are required to maintain and update therapy animal's veterinary health records annually using provided form.
2. Handlers must be clean and well-groomed.
3. Dog should be under the handlers control at all time. Dog should be on a 6 foot maximum leash. No retractable leashes.
4. Dog should wear an approved therapy dog harness at all times displaying the proper identification tag, unless special arrangements are made. In this case, the Handler should carry the proper identification ( Gabriel Institute ID badge on lanyard) at all times.
5. Therapy dogs should not be allowed to jump on any bed or chair unless permitted by a staff member and the resident patient.
6. Dogs may not jump on people at any time.
7. Dogs may not receive or accept treats from residents/patients at ANY time.
8. Volunteers may not take a photograph or video of any client at a Gabriel Institute visit without permission of the client in facility. In facilities where photography is permitted, individuals or their legal representatives must sign photography release forms in order for any photos to be used by Gabriel Institute or its members and either personal or Gabriel institute related media (newsletter, video, brochures, website, and social media). The facility release applies only to individuals identified on the release form Gabriel institute must be mentioned in the photograph caption, however the names of any non-Gabriel institute individuals may not be used. Executed photography release forms with a copy of the photo must be submitted to the administrator as instructed on the photo release form.
9. I will recognize and respect the rights of the individuals and the rules of the facilities visited including but not limited to, HIPPA. I understand that it is my responsibility to ensure that any potential incident, as defined in the Gabriel Institute policies, of which I am aware, is properly reported, whether by me, or another Gabriel Institute member.
10. Handlers should be constantly monitoring their dog's comfort level in new surroundings and situations and recognize signs of stress in their dog and plan accordingly to mitigate potential problems.
11. Handlers **MUST ALWAYS** clean up after their dog. Never make your dog interact with a resident client. Your dog should always be your first priority. **WE WANT OUR THERAPY DOGS TO ENJOY THEIR JOB!**

MEMBER'S PRINTED NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_



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## ANNUAL MEDICAL RECORD FORM

OWNER: \_\_\_\_\_ DOG: \_\_\_\_\_ DOG ID# \_\_\_\_\_

BREED: \_\_\_\_\_ M  F  NEUTERED/SPAYED: \_\_\_\_\_

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check appropriate boxes. All other mandatory procedures not performed by you, please write "not done" in the appropriate space. PLEASE DO NOT CHARGE AN EXTRA FEE FOR COMPLETION OF THIS FORM. All our Associate Members are volunteers and serve their local community. As this dog's Veterinarian, I affirm that the information stated in this form is a truthful account of this animal's veterinary record. I hereby certify that I have examined the dog named above and find this animal physically and mentally healthy and free of contagious diseases.

### CHECK-UP

A check-up must have been done by a licensed Veterinarian within the last year.

DATE OF LAST CHECK-UP: \_\_\_\_\_

### RABIES (no titers accepted)

A current Rabies vaccination is required for registration. TDI will not accept a Rabies titer.

DATE GIVEN: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

### FECAL EXAM

A fecal exam with a negative result must have been performed within one year.

DATE: \_\_\_\_\_ POSITIVE:  NEGATIVE:

### CORE VACCINATIONS (initial set)

A dog must have received an initial series of Distemper, Hepatitis, and Parvovirus vaccinations to be registered. Subsequent boosters are given at the Veterinarian's discretion.

DISTEMPER: \_\_\_\_\_

HEPATITIS: \_\_\_\_\_

PARVOVIRUS: \_\_\_\_\_

### MANDATORY HEARTWORM

Dogs which ARE on continued heartworm medication must be tested at least every two years. Dogs which are NOT on heartworm medication must be tested annually.

IS THE DOG PRESENTLY ON A CONTINUOUS Y

HEARTWORM PREVENTATIVE MEDICATION? N

DATE: \_\_\_\_\_ POSITIVE:  NEGATIVE:

PRINTED NAME OF THE LICENSED VETERINARIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF THE LICENSED VETERINARIAN: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS OF THE LICENSED VETERINARIAN: \_\_\_\_\_



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## RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I understand that Gabriel Institute members and their pets participate in a variety of activities including, but not limited to, regularly scheduled and special events. Members, non-members, and other pets are typically present during these activities.

I understand that there are dangers inherent in these activities and acknowledge the importance of following safety rules and good practices during these activities. I also understand that, as an applicant for membership in the Gabriel Institute, I am solely responsible for my safety and that of my pet during the Gabriel Institute pet evaluation process and any other activities I, or my pet may participate in prior to completing the Gabriel Institute member process. I release and indemnify by Gabriel Institute its directors, members and agents from liability for any damage, injury, illness, or death that may occur to me or my pet while we are participating in Gabriel Institute application and membership activities.

The Gabriel Institute provides members with insurance which protects the member and Gabriel Institute in the event of an incident during the visit. This insurance also provides secondary medical benefits to the member in case of injury while on an official Gabriel Institute visit, and traveling to and from the visit. No medical benefits are provided to my pet.

I further understand that although The Gabriel Institute provides training, materials, a code of conduct, and program policies directed at maintaining visit safety, the organization cannot guarantee my safety or the safety of my pet. Therefore as a condition of membership in the Gabriel Institute, I accept responsibility for my own safety and the safety of my pet while participating in the Gabriel Institute member activities. I release and indemnify The Gabriel Institute, its officers, directors, members, and from liability for any damage, injury, illness or death that may occur to me or my pet while participating in activities.

I certify that I am 18 years or older. I have read and understood this release in its entirety and agree to be legally bound by it.

MEMBER'S PRINTED NAME : \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_