

1. I agree to participate in an interview session, if needed.
2. I agree to assume financial responsibility for my therapy dog.
3. I agree to provide health care for my therapy dog.
4. I agree to participate in team training sessions.
5. I agree to reimburse CARES, Inc. \$2500.00 for necessary equipment, training, medical care, etc. for my therapy dog. This fee is non-refundable; CARES, Inc. has an unconditional guarantee on their canines.
6. Under no circumstances, the therapy dog will not live at the facility. The canine is to live with the primary handler.

IMPORTANT NOTICE: April 1, 2000, the CARES, Inc. Executive Board put into effect the following policy: a \$25 administrative fee must be returned with this application in order for you to be placed on our active waiting list for a therapy dog. If the application is received without the \$25 fee your application will be placed in an "inactive" file until the fee is received. Checks or money orders should be made payable to CARES, Inc. This application MUST be signed and the administrative fee be sent before CARES, Inc. will open a file in the applicant's name and be put on our active waiting list.

Signature _____

Date:

Revised 4-08-08