



CHOC Pet Therapy Supplemental Application

You must be at least 18 years old in order to volunteer as part of a CHOC Pet Therapy team

Name _____

Please note that each human volunteer may only bring one pet volunteer to the hospital at a time. However, we also recognize that many of our human volunteers have more than one pet they would like to partner with here at CHOC.

Pet's Name _____ Age _____ Breed _____ Gender _____

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Are your pets registered with either the Delta Society or Therapy Dogs International? _____

If yes, please attach a copy of their registration papers.

If no, please indicate when you anticipate completing the training and registration process _____

Why are you interested in volunteering at CHOC through our Pet Therapy Program? _____

Do you have previous experience with pet therapy or animal assisted activities? If yes, please describe your experiences including the length of time and types of activities with which you were involved.

How does your pet react to being around children? _____

How does your pet react to crowds and loud noises? _____

How does your pet react to new or different situations? _____