



# Buckeye Paws Intake Form

Please complete the form for consideration to volunteer as a Handler/Therapy Dog team for the Buckeye Paws program. Once completed, send a copy of your completed form and a picture of your dog to [BuckeyePaws@osumc.edu](mailto:BuckeyePaws@osumc.edu).

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

## Handler's Information

Handler's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Please describe your role within The Ohio State University \_\_\_\_\_

Do you volunteer with any other organizations as a Therapy Dog Team? If yes, please list:

Are you willing to volunteer days, nights and weekends?  Yes  No

Maximum mileage willing to travel: \_\_\_\_\_

Are you able to fulfill the requirement of 2 scheduled visits a month?  Yes  No

Please describe any extra availability that you may have: \_\_\_\_\_



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## Dog's Information

Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

In your own words, please describe why your dog would be a good fit for Buckeye Paws:

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List all trainings your dog has attended and the date of attendance:

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List certifications and dates (Canine Good Citizen/Alliance of Therapy Dog certifications are required for participation. Buckeye Paws does have a master trainer that is able certify for both): \_\_\_\_\_

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Current insurance provider in addition to ATD insurance (Required upon joining Buckeye Paws team):

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Is your dog up-to-date on all vaccines and wellness exams:  Yes  No

Two professional references:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Association: \_\_\_\_\_

Association: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

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