



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.

Date: _____

Handler's Information

Handler's Name: _____ Employer: _____

Telephone Number: _____ Email: _____

Address: _____

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

Any days of the week or time of day that is best for you to conduct visits? _____

Dog's Information

Dog's Name: _____ Age: _____ Breed: _____



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

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.): _____

Current insurance provider in addition to ATD insurance (Only required for OSU employees that plan to bring their dog with them to work.): _____

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

Two professional references:

Name: _____

Association: _____

Telephone Number: _____

Email Address: _____

Name: _____

Association: _____

Telephone Number: _____

Email Address: _____