



Lend A Heart Animal Assisted Therapy, Inc.

Facility Application

(Please complete all sections of this form. Please print clearly.)

Section I – General Information

Date: _____

Facility Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Contact Name and Title: _____

How did you hear about Lend A Heart? _____

Has your facility had animal-assisted therapy programs before and/or does it currently? _____

If so, please describe: _____

Section II – Client Population, Physical Space and Staff Support

Number of Participants: _____ Age Range: _____

Describe the general physical functioning level: _____

What are the most important or unique concerns of this population? Are there any special considerations or precautions? _____

What are the unique advantages of working with this population? _____

What particular forms (consent, etc.) are required to work within your facility? _____



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Physical Space:

Number of Floors: _____ Number of Client Rooms (if Applicable): _____

Number of common/Recreation Area(s) and Size of each (in square feet): _____

What areas would AAT teams be allowed access to and expected to perform services in?

What areas would AAT teams *not* be allowed access to? _____

Staff Support:

Staff to Client Ratio: _____

Does staff support the use of therapy animals in your facility? Yes [] No []
If no, Please explain? _____

Will therapy programs be documented by a staff member? Yes [] No []
If yes, who will do the documentation? _____

Which professionals support AAT programs at your facility? _____

Section III – Prioritizing Needs

Why would you like our therapy teams to visit your facility? _____

What are your facility's goals for AAT programs? _____

Please list the attributes of your facility (as they pertain to population, space and staff):

Please list the disadvantages of your facility (as they pertain to population, space and staff):



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Section IV – Additional Details

Have you already obtained approval from your advisory board and committee(s) to allow AAT services?
Yes [] No [] If no, please explain: _____

What are your facility's existing Infection Control Policies in regards to animals?

Has this facility ever been investigated by the Better Business Bureau, Governmental Health Care Agencies, Gatekeepers or others? Yes [] No []
If yes, please explain: _____

Of what professional affiliations is your facility a member? (California Association of Health Facilities, California Association of Home and Services for the Aging, etc.)

Please note your liability insurance carrier (include company name and phone number):

Do you have physicians on call? Yes [] No []

Does your facility have resident pets? If so, please note species and number of animals:

Does your facility allow clients' families to bring family pets? If so, please note species allowed:

Has this facility had problems with volunteer organizations or animals on the past? If so, what was the nature of the problem(s): _____

Because Lend A Heart is a nonprofit, self-sustaining organization, will your facility be able to help offset the cost of materials used during programs at your facility? Yes [] No []
If yes, please explain: _____



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LAH requests that Therapy Team visits are attended and monitored by a staff member. Who on your staff will be present and responsible for working with our volunteers? _____

LAH requires each facility to fill out a yearly written evaluation/review. Who on your staff will be responsible for completing this procedure? _____

Which types of therapy programs do you prefer (note first choice)?

- Room Visits
(Therapy Teams walk facility halls and visit with clients in the privacy of their rooms.)
- Group therapy Programs
(Therapy Teams visit with clients in a central area/recreation room.)
- Physical/Occupational Therapy with your attending professional
(Therapy Teams work directly with Physical/Occupational Therapist in one-on-one sessions.)

Based on your current activities schedule, please note the times available for therapy programs:
(Mark all that apply.)

- Weekday Mornings (9:00am – 12:00pm)
- Weekday Afternoons (12:30pm – 5:00pm)
- Weekday Evenings (5:30pm – 8:00pm)
- Weekend Daytime (9:00am – 4:00pm)

Which days of the week and times of the day would be *best* for therapy programs? _____

Which of the above will be “impossible” for therapy programs? _____
