



St. John Ambulance

# Therapy Dog Services Event Request Form

## ORGANIZATION DETAILS

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

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

Organization Description: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

## EVENT DETAILS

**NOTE:** Therapy Dog (TD) teams are scheduled for a **maximum of 90 minutes**. If there is more than one TD team present at one time, they must be kept a minimum of 6' apart. The cost for this service is \$50 per team, per visit.

Event Name/Description: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

*(will be available to volunteers for the duration of the event)*

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

Time: \_\_\_\_\_

Location: \_\_\_\_\_

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

Therapy Dogs Requested from: \_\_\_\_\_  AM  PM **to** \_\_\_\_\_  AM  PM

Number of teams requested: \_\_\_\_\_

Number of participants expected: \_\_\_\_\_

Participant Description: *(select all that apply)*  Children  Special Needs  Adults

Will TD teams be stationary, or be expected to roam?  Stationary  Roaming

Parking:  Free Parking  No Parking  Paid Parking with Reimbursement  Paid Parking, No Reimbursement

Additional Comments: