



Request for Services and Waiver of Liability & Indemnity Agreement
Companion Animal Association Social Therapy Animal Program

P.O. Box 5006, Scottsdale, AZ 85261 Phone 602-258-3306

Name of Facility _____

Address _____ City _____ AZ Zip code _____

Major Cross Streets: _____ Telephone _____

Contact Person _____ email _____

Name and title

The following information will help us better match a pet therapy team to your residents:

1. Type of facility and number of residents or participants:

2. Characteristics (e.g., mobile, bed-ridden, dementia, rehab, gero-psych):

3. Circle times you can accommodate visits: Weekdays Saturdays Sundays evenings (6-7pm)

4. Do you receive other pet visits? If so, by whom and how often?

5. Do you have a residential pet? If so, what species, age?

6. Do you have requirements for visiting volunteers? If a TB test is required, is it provided free of charge?

7. Would photos of residents with the visiting pet therapy animal be permitted? Yes ___ No ___
 If yes, does your facility have a photo release form that must be signed by those being photographed?
 Yes ___ No ___

8. Any other information about your facility that would be helpful:

The undersigned does hereby request the services of the Companion Animal Association of Arizona, Inc (CAAA) Social Therapy Animal Program.

It is understood that CAAA provides this service at no charge and that, in consideration thereof, the undersigned does hereby release CAAA, its volunteers, agents, officers and directors, from any and all liability, actions, or claims for damages arising out of the services to be provided by the CAAA, as requested herein, and the presence of visiting animals at the above location.

The undersigned does hereby warrant and confirm that it shall use its best efforts to ensure that, during the periods of visitation at the above facility, both the welfare of the visiting animals and the persons being visited shall be properly safeguarded.

The Undersigned does hereby further indemnify and hold harmless the Companion Animal Association of Arizona, Inc, its volunteers, agents, officers and directors, from any and all claims whatsoever arising out of or in any way connected with the visitation of animals at the above facility.

 Authorized signature <signed by an administrator with signatory authority> _____ printed name

Title
Return form to Companion Animal Association of AZ, Inc.
P.O. Box 5006
Scottsdale, AZ 85261-3006

Date

<Do not write below—internal use only>

Date received:

Processed by:

Team assigned:

CAAA Fac.req doc
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