COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.
PET THERAPY VOLUNTEER RENEWAL

DATE: _____

Name(s) _____ ***E-Mail:*** _____

Address _____ City _____Zip_____

Home Phone _____Work _____Cell_____

Name of animal(s) that visit on behalf of CAAA _____

If Pet Therapy visits are made on a ***regular basis*** (such as - 3rd Saturday of every month at 10:00 AM) please indicate the facility name you visit and when the visits are scheduled:

_____ _____
Facility Name **Schedule**

Are there any changes to the animal(s) temperament since you began visits? ☐ No ☐Yes

If yes, please explain: _____

INSURANCE INFORMATION

Name of Insurance Company _____

Policy Number _____ Expiration Date of Policy _____

Comprehensive Coverage/Limits of Personal Liability _____

I certify by my signature below that my insurance coverage is in effect as stated above and covers the animal(s) that I take on visits on behalf of CAAA.

POLICY HOLDERS SIGNATURE_____**DATE**_____

MEMBERSHIP DUES CATAGORIES (Dues are Non-Refundable)

Supporting ($200) Organization ($ 75) Family ($ 40) Individual ($ 25)
Disabled ($ 10) Student ($ 10) Senior Citizen ($ 10)

I also wish to make a donation ($_____) In Memory or Honor of _____
Amount Name

_____ **TOTAL AMOUNT ENCLOSED** *(Your check is your receipt)*