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

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. 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 CAAAA, 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 *printed name*

_____ _____
Title *date*

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

CAAA Fac.req doc
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<Do not write below—internal use only>
Date received: *Processed by:* *Team assigned:* *date assigned:*