



**COMPANION ANIMAL ASSOCIATION OF ARIZONA, INC.
20__ (yr) 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** _____

2021 MEMBERSHIP DUES CATEGORIES (Dues are Non-Refundable)

Supporting (\$200)
Disabled (\$ 10)

Organization (\$ 75)
Student (\$ 10)

Family (\$ 40)
Senior Citizen (\$ 10)

Individual (\$ 25)

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

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

PLEASE RETURN RENEWALS TO: CAAA P.O. BOX 5006 SCOTTSDALE, AZ 85261