

## Application to ADD ANOTHER ANIMAL to Your R.E.A.D.® Membership

Handler Name \_\_\_\_\_ R.E.A.D. Team # \_\_\_\_\_

I am currently registered with R.E.A.D. and I would like to add an additional therapy animal to my R.E.A.D. registration. The therapy animal(s) I would like to add is/are:

1) Animal (Species/Breed/Name): \_\_\_\_\_

Animal's birthdate \_\_\_\_\_ Gender 🗆 M 🗅 F Spayed/Neutered? 🗅 No 🗅 Yes

 2) Animal (Species/Breed/Name):

 Animal's birthdate

 Gender □ M □ F
 Spayed/Neutered? □ No □ Yes

We are registered with:  $\Box$  ITA  $\Box$  Alliance of Therapy Dogs

□ Therapy Dogs International\* □ Pet Partners\*

Other (please specify) \_\_\_\_\_\_

### \*IMPORTANT: Pet Partners and TDI Teams, please note policy on next page!

We have been a therapy team since \_\_\_\_\_

I am/we are registering as:

 $\hfill\square$  an individual R.E.A.D. team  $\hfill\square$  a R.E.A.D. team within a group

Name of your Therapy Group (If applicable): \_\_\_\_\_\_

Name of your local reading program: \_\_\_\_\_

#### To add an additional animal(s) to your R.E.A.D. registration:

□ Complete this application

 $\hfill\square$  Provide evidence of valid therapy team registration and liability insurance for EACH animal\*\*

□ Enclose one-time (lifetime permission) fee\*\* of **\$10** for EACH additional animal

\*\*I understand that my R.E.A.D. membership is valid only while my animal and I are an active, legitimate, registered therapy team.

**IMPORTANT:** If you have a new address, email address or phone number, please use the back of this form to update us on that information. If you have retired any of your therapy animals registered with R.E.A.D. for any reason, also use the back of the form or an additional page to give us any details you'd like to share.

#### Method of Payment: Check PayPal

Credit Card: Total Amount to	Charge:	\$_
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□ American Express □ Discover □ Master Card □ VISA

CARD #

Expires \_\_\_\_\_/ Security Code \_\_\_\_\_

CARDHOLDER Signature\_\_\_\_\_

(required for credit card purchases, exactly as it appears on your card)

#### CARDHOLDER Name\_

(PLEASE PRINT, exactly as it appears on your card)

□ **Mail** your packet to: Intermountain Therapy Animals, PO BOX 17201, Salt Lake City, UT 84117 (or) □ **Email** your packet to: read@therapyanimals.org

# \*IMPORTANT NOTE FOR MEMBERS OF PET PARTNERS (PP) and THERAPY DOGS INTERNATIONAL (TDI):

Pet Partners (PP) and Therapy Dogs International (TDI) do not permit their members to use the name of any other program during their visits. TDI does not permit the formation of local support groups for TDI members.

ITA welcomes both PP and TDI members and will offer them R.E.A.D. program materials and training. ITA will also accept PP and TDI members for registration in the R.E.A.D. program.

However, to make sure that their liability insurance remains in place, ITA strongly recommends that PP and TDI members who become R.E.A.D. teams respect their organization's requirements by not self-identifying as, or calling their reading visits, by any name other than PP or TDI.