

Intermountain Therapy Animals

New Facility Request

Thank you for your interest in ITA! Please fill in the requested information and return via email to worker-apyanimals.org. We will send your request out to our therapy teams as well as add your facility to our online waiting list.

Please understand, due to the high demand for animal-assisted therapy programs and because our therapy teams are volunteering, it can take a long time (if at all) to start a program. If your request is older than 1 year before a team is found, you will need to resubmit this form.

Today's Date:			
Name of Facility:			
Physical Address:			
City/State/Zip:			
Phone:	Fax:		
Population at Facility:	Avg. Age:		
Purpose of Facility:			
Name of Contact:			
(The person who will be	responsible for coordinating the anima	therapy program at thi	is facility)
Title:			
Email:			
Contact Phone (if diffe	erent from above):		
Ideal Day(s) of Visit(s)) (Monday-Sunday):		
Ideal Frequency of Vis	sit(s) (Weekly/Bi-Weekly/Monthly/C	ne-Time Visit):	
Ideal Time of Visits:			
Alternate Day/Frequen	cy/Time:		
Are EVENING visits a	ı possibility?	Yes	☐ No
Are WEEKEND visits	a possibility?	Yes	☐ No
Do you have an existin	ng policy and procedure for animals?	Yes	☐ No
Do you have an existin	ng policy and procedure for visiting?	☐ Yes	□No

Do you have resident animals?	Yes	☐ No
- If yes, please explain:		
Do you have a Volunteer Application that our teams need to fill ou	ıt? Yes	☐ No
Do you have a Volunteer Orientation that our teams need to attend	?	☐ No
Do you require any vaccinations (flu, Covid, TB test)?	Yes	☐ No
- If yes, please specify:		
Have you worked with animals in the past with your patients/clien	ts? Yes	☐ No
Where did you hear about us?		
How do you feel that a therapy animal would be beneficial at your facility? What are the activities/interactions you are expecting with the animal(s)? Please be specific, as this helps us incentivize our volunteers to volunteer at your facility.		

For an ongoing program: If we are able to find a team to meet your request, there is an annual administrative fee of \$120 (just \$10 per month.) This fee is due at the time of our meeting with you to set up the program. If we all feel that the program is a success we will renew the program annually. If you are not satisfied with our program the fee is refundable for up to 3 months.

Due to Covid-19 we have a few more additional questions:

Will volunteers, staff and clients be required to wear a face mask during the visit?	
Will your facility require that the staff and clients have received a Covid vaccine?	
Will your facility require that volunteers have received a Covid vaccine?	
What is the process if/when a client or staff member tests positive for COVID-19?	
ITA Volunteers ask that clients and staff members use hand sanitizer before each interaction with a therapy animal. Some facilities prefer we use their brand of sanitizer and so they supply it to our volunteers. Would you like to supply your own brand to our volunteers?	