



## Intermountain Therapy Animals Volunteer Visiting Team Application

### for Affiliate Group Teams

**B**e sure to read and fill out everything carefully, provide your signature where needed, and include the fee. Don't forget to email your photo! We suggest making a copy of your completed registration packet for your own records. The turnaround time for processing is about two weeks, but **may take longer** if any part is incomplete, or if you use special mailing services (like express, registered, signature required, etc.)—**please don't**.

Mail completed application package to:

**Intermountain Therapy Animals  
PO Box 17201  
Salt Lake City, UT 84117**

#### Step #1: Handler's Questionnaire

Complete this form before your scheduled team screening and bring it along for the ITA Team Evaluator to review. This will help your Evaluator understand a little more about you and your animal's history and relationship, and s/he will return it to you after your test. You might wish to make a copy of the completed form to take to your screening, in case it gets lost or misplaced. You will need to send the original with the rest of your registration packet.

#### Step #2: Team Evaluation

Licensed ITA Team Evaluators will administer the ITA Skills ("Skills & Relationship") and Aptitude ("Going Visiting") tests. They will provide the forms needed on the day of your test.

During the tests, as well as on visits, acceptable accessories for animals in the program are as follows:

- Well-fitted collar or harness made of leather or fabric for all animals. These should have buckle, snap, or quick-release style closures.
- Limited-slip collars (e.g., Martingales), and metal buckles, slip rings, and D-rings are acceptable. **Head collars, such as the Gentle Leader, Promise Collar, Snoot Loop, or Halti, and metal collars are not permitted.**
- All leather or fabric leashes, four (4') to six (6') feet in length.
- Handlers are encouraged to transport animals such as cats, rabbits, and guinea pigs in a crate, and visit with them in a basket and/or on a towel, and birds in cages. These animals should be carried in a manner that prevents their urine or droppings from falling on the floor, or on the person being visited.

Photocopy these completed evaluation forms — and the rest of your registration packet — for your own records before sending them in to ITA. If you and your animal do not pass the test, the evaluator will discuss with you what areas you will need to work on to try again in the future.

**NOTE:** The registration packet must be sent to ITA within **30 days** of your passing the Team Evaluation. If this 30-day time period expires, you will be required to retake the Team Evaluation again before submitting your application.

**RENEWING TEAMS:** Your liability insurance coverage is void 30 days after your badge expires.

**APRIL 2025**

### Step #3: Animal Health Screening Forms

You may use your regular veterinarian. (You may want to make a copy of the introduction letter and forms, and send them to your vet before your appointment. This will help him/her plan the right amount of time for the visit.)

**NOTE:** If your animal has had a thorough health screening *within 60 days/2 months* previous to your application, you may ask your veterinarian to complete and sign this form, indicating that your animal meets or exceeds the requirements, without necessitating another exam. Vet screenings must include a current (within 60 days) fecal test for parasites.

### Step #4: Application Form

Information on this form will be used for our records, and for processing your application.

### Step #5: Photo for ID Badge

We prefer that you send a photo electronically, to [info@therapyanimals.org](mailto:info@therapyanimals.org), but you may send a professionally-printed copy along with your application instead.

### Step #6 Handler Review (Open-Book Test!)

These 24 questions review the important material covered in the ITA Team Training Course. Take your time and work at your own pace. Use the review as a way to assure yourself that you are well prepared to visit with your pet.

### Step #7: Volunteer Policies & Procedures Agreement Form

Review your team responsibilities as outlined in the attached P&Ps document. Sign and date this form. If you are under 18, a parent or legal guardian must also sign this form.

#### **CHECKLIST — Is your application package complete? Don't forget to send it in to ITA within 30 days after your Team Evaluation!**

- 1. Handler's Questionnaire
- 2. Team Evaluation
- 3. Animal Health Screening
- 4. ITA Application Form and  Appropriate Fee
- 5. Form for Photo ID Badge
- 6. Handler Review (***Not applicable for renewing teams—skip pp. 15–18***)
- 7. Signed ITA Volunteer Policies & Procedures

## Step #1: ITA Volunteer Team Handler's Questionnaire

(1) The person who will visit with the animal being tested must complete this form. (If you are not the owner, you must provide written permission from the owner to handle this animal.)

(2) Bring this along for the ITA Evaluator to review at the time you take your team test.

(3) You must complete a separate form for each animal with whom you test.

(4) Include this form when you send your registration package to ITA.

DATE: \_\_\_\_\_

Handler: \_\_\_\_\_ Owner (if different): \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Age: \_\_\_\_\_

1. How did you acquire your animal companion?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Breeder                      | <input type="checkbox"/> Friend       |
| <input type="checkbox"/> Shelter/Rescue               | <input type="checkbox"/> Pet store    |
| <input type="checkbox"/> Former service dog trainee ? | <input type="checkbox"/> Other: _____ |

2. How long have you had or known this animal? \_\_\_\_\_

3. Have you or your animal trained or practiced at the same location where you are being evaluated?  No  Yes

4. Have you previously been evaluated for therapy work with this animal by another organization?  No  Yes (IF YES:) Which one? \_\_\_\_\_  
When? \_\_\_\_\_ And have you been active as a visiting team?  No  Yes

5. If you are registering with a dog, has the dog ever been encouraged or trained to bite, even as part of a dog sport (e.g., Schutzhund)?  
 No  Yes

6. List all cues this animal responds to reliably:

7. Is there a specific age group that this animal avoids or seems uncomfortable around?

- No  Yes: (If yes, check all that apply)
- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Infants              | <input type="checkbox"/> Toddlers     |
| <input type="checkbox"/> School-aged children | <input type="checkbox"/> Adolescents  |
| <input type="checkbox"/> Adult men            | <input type="checkbox"/> Adult women  |
| <input type="checkbox"/> Seniors              | <input type="checkbox"/> Other: _____ |

8. Is there a type of individual that this animal avoids or seems uncomfortable around?

- |   |  |
|---|--|
| <input type="checkbox"/> No                           | <input type="checkbox"/> Yes: (If yes, check all that apply) |
| <input type="checkbox"/> People wearing hats          | <input type="checkbox"/> People with facial hair             |
| <input type="checkbox"/> People that move differently | <input type="checkbox"/> People using unusual equipment      |
| <input type="checkbox"/> People of a different race   | Other: _____   |

9. Has this animal ever acted in a threatening or menacing manner towards an individual or group of individuals? Threatening/menacing includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting an individual.

- No  Yes (If yes, describe)

10. List any kinds of animals that this animal does not react well to.

11. Has this animal ever seriously injured or killed another animal?

- No  Yes (If yes, describe the situation)

12. Are there other animals in your home?

- No  Yes (If yes, what kind and how many?)

13. What is this animal's favorite game or activity? (Check all that apply)

- Frisbee/catch  Chase games  Chew toys  Find-it games  
 Fetch and return  Wrestling  Tug of war  
 Agility/obstacles  Pounce games  Other: \_\_\_\_\_

14. Does your animal have any health problems? Take regular medications? If so, please explain.

15. Is there any medical or structural reason that your dog may not be able to sit or down?

- No  Yes (If yes, describe the reason)

16. How do you correct or redirect this animal's undesirable behaviors?

17. What does this animal do when it becomes stressed?

18. What do you do when you recognize that your animal is stressed?

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**FOR RENEWING TEAMS:**

**19. What does your partner do that indicates to you s/he looks forward to and enjoys your team volunteering?**

**20. Have you seen any changes in his/her reactions or behaviors over the last two years of your volunteering experience?**

Signature \_\_\_\_\_

**Step #3:**  
**ITA Volunteer Team**  
**Animal Health Screening Form**



INTERMOUNTAIN THERAPY ANIMALS

PETS HELPING PEOPLE

Dear Doctor:

Thank you for performing an examination of this pet for participation in Intermountain Therapy Animals' (ITA) volunteer programs. As you may be aware, ITA has been visiting patient-clients in hospitals, care centers, schools, libraries and many other settings since 1993, and we are now one of the largest groups of our kind in the United States.

Our program is distinguished by its attention to training the volunteer, evaluating the team every two years, and focusing on the relationship of the owner and his/her companion partner, including promoting the health and protection of the animal partner. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams, and also respect the health and well-being of the animals who participate in the program.

The role of our animals' veterinarians is very important in this regard. The animal you are about to examine will be evaluated by a trained and licensed ITA Team Evaluator to test the animal's suitability for therapy-animal work. The evaluation requires the animal to demonstrate certain basic obedience skills such as "stay," and "leave it." The Evaluator will note whether the animal accepts being petted, sometimes roughly, and by multiple people simultaneously. Of supreme importance, the Evaluator will assess the animal's temperament and aptitude in a simulated healthcare setting. The animal will be observed as it reacts to loud noises, wheelchairs, walkers, and people with stumbling gait and/or speech impediments.

You are being asked to 1) assess the animal's overall health, including weight, which seems to be a growing issue among pets as well as people, and 2) any notable reactions to the process of physical handling. Please complete the enclosed health screening forms; be sure each section has been filled out. The animal's owner is responsible for returning the health-screening forms to ITA. These forms will be reviewed by ITA staff, along with the results of the evaluation, to determine the team's suitability to do visiting-animal work.

As you well know, there are varying opinions among those in the veterinary community about immunizations, and state laws with respect to rabies vaccinations vary. Our ITA Volunteer Teams are very responsible pet owners and have long-term and trusting relationships with their veterinarians. Rather than attempting to prescribe immunization schedules for dogs and cats (beyond compliance with state laws with respect to rabies vaccination), ITA will rely on your medical judgment and knowledge of the animal's health history and status. We want to be assured that the animal's immunity levels are sufficient, and that participation in animal-assisted therapy will not harm it. Likewise, we need to be sure that ITA animals will not put seriously ill people at further risk. Please also consider that visiting animals may be exposed to zoonotic agents because they visit people in healthcare facilities. ***As this animal's veterinarian, you are the best person to render the overall opinion of his/her health.***

In the event that this pet has been diagnosed with heart worm disease, please discuss with the pet's owner how this might affect this animal's ability to perform its therapy work, especially during the 6 to 8 weeks following treatment. We do not want its participation to exacerbate any condition or harm its progress in any way.

We require that your examination of an animal, as well as a fecal test, be completed no more than 60 days prior to the date you complete these forms. It is important to us to make sure that our records are current.

Thank you for your part in making ITA's program safe and rewarding for our hundreds of volunteers and thousands of people who need the kind of therapy that only animals can provide. As one of our clients at Utah Cancer Specialists recently declared, "The outside of a dog is the very best thing for the inside of a person."

ITA would be pleased to provide you with information for your office waiting area to encourage more pet owners to become involved in animal-assisted therapy volunteer programs. For more information, or to request materials, please contact our office at any time.

Sincerely,

Kathy Klotz  
 Executive Director

4050 SOUTH 2700 EAST, SALT LAKE CITY, UTAH 84124 or PO BOX 17201, SALT LAKE CITY, UTAH 84117

TEL 801.272.3439 • FAX 801.272.3470

WEBSITE: [www.therapyanimals.org](http://www.therapyanimals.org)

**MARCH 2022**

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**AFFILIATE**



INTERMOUNTAIN THERAPY ANIMALS

PETS HELPING PEOPLE

### Step #3: ITA Volunteer Team Animal Health Screening Form

Handler: Complete this section for review by your veterinarian before your appointment.

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Animal's Name: \_\_\_\_\_  Male  Female

Species/Breed: \_\_\_\_\_  Intact  Neutered/Spayed

Animal's Lifestyle:

active  moderately active  sedentary

Is animal boarded at kennels?

No  Yes (If yes, how often?) \_\_\_\_\_

What activities do you do with your animal that expose it to other animals?

dog/cat shows  training/sport classes  other (identify): \_\_\_\_\_

Does your animal spend time outdoors (other than for routine walks)?

No  Yes (If yes, please explain:) \_\_\_\_\_

Name of Your Veterinarian: \_\_\_\_\_

Dear Doctor:

Please complete the remainder of this form.

How long have you known:

• This person/handler? \_\_\_\_\_

• This animal? \_\_\_\_\_

The date that I last examined this animal in person: \_\_\_\_\_

## Section 1: General Health of the Animal

The overall health of this animal is (select one):

- Excellent (No serious chronic diseases or disorders)
- Very good (Minor complaints associated with normal aging)
- Good (Chronic conditions with occasional flare-ups)
- Poor (Serious chronic condition requiring ongoing treatment)

### Vital signs:

Pulse:

Temperature:

Respiration:

Weight:

Body Condition Score (using the 1-9 scale): \_\_\_\_\_

If this animal has a BCS greater than 7, have you discussed weight loss with this owner?

- Yes
- No

How often do you see this animal?

- at least annually
- other (please explain)
- wellness program
- only when ill or injured
- every \_\_\_\_\_ months

## Section 2: General Systems Evaluation

Please list your findings and comment on any abnormal finding, e.g, heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, excessive weight that would put additional stress on animal while visiting, etc.

System	Normal	Abnormal	Findings/Comments
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	
Skin/Coat	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Heart/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Digestive	<input type="checkbox"/>	<input type="checkbox"/>	
Urogenital	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	
Mucous Membranes	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 3: Vaccinations and Tests for Dogs and Cats

(See following page for other species)

ITA believes that a pet's veterinarian and owner are in the best position to decide what types of tests and immunizations are appropriate for the animal.

To participate in ITA's animal-assisted therapy program, rabies immunizations are required for domesticated species, as prescribed by state law.

Any specifically listed vaccinations and tests are required for that species of animal. Animals that visit people in hospitals, nursing homes, and other healthcare facilities need to be healthy, clean, and well mannered so that they pose little risk to patients. It is equally important to minimize risk to animals that may be exposed to zoonotic agents that could cause harm to an immune compromised, unhealthy, or highly stressed animal.

Species	Vaccination	Expiration Date	Test	Result
Dogs	Rabies (state law)		Other (list)	
	Other (list)			
Cats	Rabies (state law)		FeLV/FIV	
	Other (list)		Other (list)	

### Section 4: Parasite Control for Dogs and Cats

**New Fecal Exam Required (within 60 days of the date of the vet's signature on this form.)**

**External** parasite control will vary depending on geographic area of the country. For your geographic area please indicate:

Parasite(s) controlled for: \_\_\_\_\_

Method of control: \_\_\_\_\_

**Internal** parasite control will have also some variation depending on geographic area of the country.

**A fecal exam for intestinal parasites is required as part of this exam. ITA strongly recommends that therapy animals be on year-round treatment, such as Heartgard or Interceptor, for parasites, such as hook, whip, tape, roundworms, etc. These medications taken individually do not prevent all parasites, therefore the ITA Therapy Program requires annual fecal tests to check for internal parasites. Annual tests are required even if this dog or cat is on preventative medication. Testing must be within 60 days of the date of the vet's signature on this form (below).**

Date of current fecal exam: \_\_\_\_\_

Results: \_\_\_\_\_

### Section 5: Overall Assessment for Dogs and Cats

In your professional judgment, is this animal a good candidate for ITA's visiting animal program?  Yes  No

Please feel free to comment further on your answer, if desired and if you feel it would be helpful to us in our assessment.

Signature of DVM \_\_\_\_\_ Print Name \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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## Section 6: Vaccinations and Tests for Other Species

Species	Vaccination	Expiration Date	Test	Result
Birds			Fecal Flotation	
			Fecal gram stain	
			Chlamydia/Psittacosis	
Guinea Pigs/ Rabbits			Fecal exam	
Animal should have a thorough assessment prior to every visit. If it is showing any symptoms or signs of illness, then it should not visit until cleared by a veterinarian.				
Horses & Other Equids	West Nile Virus			
	Influenza			
	Tetanus			
	WEE/EEE/VEE			
	Coggins test*			
	Other			
<p>Internal parasite control for horses: The ITA Therapy Program requires annual fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc., however your veterinarian may require more frequent testing and treatment. Annual fecal tests are required even if your horse is on preventative medication.</p> <p>Date of last fecal exam: _____</p> <p>Results: _____</p>				
<p>*Requirements for the Coggins test and the risk of equine infectious anemia vary by geographic area. <b>Please advise this owner whether a Coggins test should be required of this animal.</b> If yes, we will accept a negative test result within one year from the test date.</p>				

## Section 7: Overall Assessment for Other Species

In your professional judgment, is this animal a good candidate for ITA's animal-assisted therapy program?  **Yes**  **No**

Please feel free to comment further on your answer, if desired and if you feel it would be helpful to us in our assessment.

Signature of DVM \_\_\_\_\_

Print Name \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**APRIL 2025**



## Intermountain Therapy Animals

### STEP 4: THERAPY TEAM

### MEMBERSHIP APPLICATION

*[MUST BE RENEWED EVERY TWO YEARS]*

**ITA Use Only**

Date received: \_\_\_\_\_

Amount rec'd: \_\_\_\_\_

ID No. \_\_\_\_\_

Handler Test Score \_\_\_\_\_

Screening Exp. Date \_\_\_\_\_

ED    VC    MS

*(Please print. If more than one person is applying in a family, each individual should fill out a copy of this page.)*

**Personal Information**

Name \_\_\_\_\_ Primary Telephone \_\_\_\_\_

Address \_\_\_\_\_ Secondary Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Your Companion Animal(s)**

*(First Animal)*

Animal's Name \_\_\_\_\_ Species and Breed \_\_\_\_\_

Animal's Birthdate \_\_\_\_\_ (estimate as close as you can) Sex:  M  F Spayed/Neutered?  No  Yes

*(Second Animal)*

Animal's Name \_\_\_\_\_ Species and Breed \_\_\_\_\_

Animal's Birthdate \_\_\_\_\_ (estimate as close as you can) Sex:  M  F Spayed/Neutered?  No  Yes

*(Third Animal)*

Animal's Name \_\_\_\_\_ Species and Breed \_\_\_\_\_

Animal's Birthdate \_\_\_\_\_ (estimate as close as you can) Sex:  M  F Spayed/Neutered?  No  Yes

**Name of Affiliate Group**

*(must be completed; all teams must be members of an affiliated group to be eligible for ITA registration)*

Please check the box at left *if you are already registered with the R.E.A.D.® Program.*

**Type of Membership:**

- \$90 – Individual    \$25 – Each Additional Animal
- \$140 – Family ( 2 people living at same address)    \$35 – Add'l Family (each)
- \$25 – Additional Animal per family member
- \$60 – Youth / Student (aged 18 and under, or enrolled in college; *include copy of current student ID*)

This is my:  Initial Application    Renewal



**TOTAL ENCLOSED:** \$ \_\_\_\_\_  Check    Cash    Request PayPal Invoice

Credit Card:    AmEx    Visa    MasterCard    Discover

Card # \_\_\_\_\_ Sec. Code \_\_\_\_\_

Expires \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

*(as it appears on your credit card)*

Signed: \_\_\_\_\_ Date \_\_\_\_\_

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**AFFILIATE**

## Step #5: Photo for ID Badge

- I will send a photo electronically to **beth@therapyanimals.org**

**NOTE:** Photos may be in .tif or .jpg format, but should be at least 300 dpi in order to print clearly on paper.

**TIPS:** (1) Choose a photo in which you and your partner's heads are very close to one another so we can fit a nice close-up of you both onto your badge. PERFECT is with your partner's head in front of your shoulder.

(2) Try to avoid distracting elements in the background, like wallpaper, doorknobs, etc.

(3) Wear your local group's required uniform, if you are a renewing team, to add to your credibility on the job.

- Please use the attached photo.
- (Option for renewing teams:) Please use the photo you have on file.

Here's how I want our names on our badge:

NAME: _____
PARTNER'S NAME: _____
AFFILIATE GROUP NAME: _____
CITY/STATE _____

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**AFFILIATE**

## Step #6: NEW Handler Review (Test!)

You may refer to the course manual while taking this test. Put a mark in the box next to the best answer. Check only one box for each question. You must answer at least **18 of the 21** multiple-choice questions correctly to pass, as well as demonstrate your grasp of the information in the open-end questions.

1. What benefits come with ITA Therapy Team registration?
  - A. Certification
  - B. Access to "no pets allowed" areas
  - C. Recognition as a "Master Animal Trainer"
  - D. Inclusion as a volunteer under ITA's liability insurance
2. What is the difference between AAA and AAT?
  - A. AAT must be documented; AAA does not require documentation.
  - B. AAT requires specific treatment goals for each visit; AAA does not.
  - C. AAT is always directed by a health/human service professional; AAA does not have this requirement.
  - D. All of the above are correct.
3. Which of the following is your responsibility as a volunteer?
  - A. Comply with local, state, and federal laws, and with ITA policies governing AAA and AAT.
  - B. Determine when animal visits are appropriate for a client.
  - C. Advise and counsel the person you are visiting.
  - D. Visit everyone in a facility.
4. If you find yourself unable to meet your scheduled visit, you should
  - A. notify the facility and your ITA Program Coordinator as far in advance as possible.
  - B. have a friend or a family member take your pet on the visit.
  - C. plan on staying twice as long the next visit.
  - D. all of the above
5. An animal that is suitable for animal visits should in general not vocalize excessively. However, it may:
  - A. vocalize if the handler can stop it on request
  - B. snuffle
  - C. sigh or purr
  - D. all of the above
6. Your animal must be cleaned and groomed
  - A. by a professional groomer
  - B. within 12 hours of a visit
  - C. within 24 hours of a visit
  - D. treated for fleas the day of the visit

7. During the "Skills and Relationship" portion of the Team Screening, you cannot
- A. ask the evaluator to stop the test if necessary
  - B. use a toy for motivation
  - C. use a wheelchair
  - D. talk to your animal
8. A therapy animal has legal access to
- A. all stores
  - B. restaurants with "no pets" policies
  - C. fly with the handler in an airplane cabin
  - D. none of the above
9. As a handler you can help reduce potential stress by
- A. getting your animal used to a new setting in small increments
  - B. introducing your pet to large crowds of people
  - C. not allowing strangers to pet your animal
  - D. all of the above
10. An important point to remember when working with clients is to
- A. emphasize the condition, not the person
  - B. always call people "patients"
  - C. use appropriate terms
  - D. use the term "handicapped person"
11. When talking with a person who uses a wheelchair, you should
- A. ask before moving the chair
  - B. not lean on the wheelchair
  - C. try to position yourself at the person's eye level while conducting a conversation
  - D. all of the above
12. During a client visit, you should ask questions
- A. of a medical nature
  - B. that require only a yes or no answer
  - C. that are open-ended
  - D. all of the above
13. On visits, you and your teammate should wear your ITA uniform and ID badges
- A. always while on duty
  - B. only when required by the facility
  - C. only to gain entrance to the facility
  - D. none of the above



14. The most important reason to sign in and out is:
- A. to get "credit" for your visits
  - B. it is sufficient documentation for AAT
  - C. it is required by federal law
  - D. the documentation proves you were present at a given time
15. Which of the following measures is a standard infection-control procedure?
- A. Avoid visiting if you or your pet are sick
  - B. Do not visit people who have any kind of infection
  - C. Never touch a client
  - D. Keep a log of your clients' health
16. Hand washing or hand cleaning is extremely important, so you should
- A. wash your hands before contact with each client
  - B. wash your hands after contact with each client
  - C. make sure clients clean their hands before and after handling your animal
  - D. all of the above
17. Acceptable equipment for dogs includes:
- A. a metal chain leash with leather handle
  - B. a prong collar
  - C. a head halter
  - D. none of the above
18. Your visits should last no longer than two hours
- A. if you are an experienced team
  - B. if you are an AAT team
  - C. if your team visits complex environments
  - D. all of the above
19. Which of the following statements is NOT true about ITA's Teaching & Training Philosophy?
- A. Handler interactions with their animal partner support building a strong bond and relationship, and are compassionate, ethical, effective and long-lasting.
  - B. We expect you to represent ITA using positive interactions with your animal, but what you do elsewhere with your partner is of no concern to us.
  - C. We support positive reinforcement, not aversive or forceful training methods.
  - D. We are advocates for the thoughtful, careful treatment of all animals, including humans

20. When you and your partner want to board an elevator, name 3-4 things that you do to help everyone feel safe and comfortable.
21. Without warning, your dog throws up during a session. Your best plan of action would be:
- A. Stop your session and leave immediately, informing your facility contact on the way out so they can call maintenance to clean up.
  - B. Have the patient hold onto your dog while you run to the restroom to get cleanup supplies.
  - C. Clean up with supplies you have handy in your visit bag, stay calm and act normal, notify the staff, and consider ending your session early.
  - D. Move to a new spot, keep on with the session, and clean up after the session is over.
22. A colleague team, with a therapy cat, is working nearby in the same gym. Your dog is very well-behaved, totally ignoring the cat, but the cat seems stressed and occasionally hisses in your direction. What could you do?
- A. Say nothing and let the cat's handler work out his/her own problem.
  - B. Continue the session, ignoring the cat, as it gives the cat much-needed experience around a dog.
  - C. Suggest to the cat's handler that either you or she could reposition yourselves so that the cat cannot see the dog.
  - D. Ask the cat's handler to leave.
23. What are the three important elements of each visit?
- (1)
  - (2)
  - (3)
24. Name three reasons you may not take pictures of your clients while you are visiting.
- (1)
  - (2)
  - (3)
25. Name several skills of a good listener:
26. Tell us about what behaviors your pet companion has demonstrated that indicate to you s/he will enjoy being a therapy animal:



## Step #7: Standards, Policies & Procedures for Volunteer Handlers

**PLEASE NOTE:** The following policies and procedures have been evolving through the experience of hundreds of teams since 1993, and they are designed to ensure your safety, effectiveness and success in the field. Each one is here for a good reason. Please read and consider CAREFULLY, sign the back page, and return with your application. Your signature indicates your willingness to comply.

ITA does not accept new teams whose animal partner is a service, assistance or emotional support animal for qualification as a therapy animal.

Also, the minimum age is 16 to become a team handler member with ITA (see #27 below).

### General Policies and Requirements

1. You shall represent **Intermountain Therapy Animals (ITA)** in a professional manner at all times, and shall abide by all Standards, Policies and Procedures for Volunteer Handlers as described herein.
2. Your license/ID badge with ITA is valid **only so long as you are a member of an ITA Affiliate Group**. Because of the critical value of ongoing support and communication between colleagues in our kind of endeavor, ITA does not license independent teams. If you leave your Affiliate organization, your ITA license will no longer be valid and your liability insurance coverage will be terminated. Please contact us if you are moving to another area and we will try to help you find another group.
3. You shall uphold the Code of Ethics for Animal-Assisted Interventions (*see training manual*).
4. Your license and insurance are valid only with animals with whom you have been screened and registered as a team through ITA. When representing ITA, you may handle only one animal at a time, and you may not visit with unregistered animals.
5. You must be tested and registered as an ITA Volunteer Team with any animal with which you want to participate in animal-assisted interactions (AAI). (For example, if you and your spouse have two dogs, you each must be tested and registered with each dog if you want to do therapy visits with both.)
6. You will be responsible for your animal at all times, considering its needs and humane care **FIRST**. **Your animal must always be on-leash (with you holding the leash), and you must stay with him/her** and be in control of the situation.
7. To be eligible to volunteer with your animal in any of the care-giving facilities where your local affiliate teams go, your membership in both organizations must be current and valid, or your liability insurance will not be viable. ITA team testing is required every two years.
8. You must complete "shadowing" and/or mentoring as required by your own group in order to participate in their therapy programs.
9. Your continued participation as an ITA Volunteer Therapy Team is contingent upon your keeping your animal companion up to date on all vaccinations, parasite tests, and licensing, as required by the city or municipality where you live. This is your responsibility and part of what you agree to do as an ITA volunteer therapy team.
10. You agree to fulfill every commitment made, and to be on time.
11. Observe all requirements for privacy and confidentiality. You may be asked to sign a confidentiality form at some sites as a prerequisite for volunteering there. Even if you are not asked to sign an official form, we expect you to conduct yourself as if you had, maintaining confidentiality about each of your clients at all times.
12. Contact ITA with any concerns you may have. Our goal is to serve you, the volunteers, and to make your experience doing AAI with your partner the best it can be.
13. Individual ITA volunteers do not solicit or accept fees for our services under any circumstances.

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14. While in uniform, any time you spend as an ITA volunteer, regardless of whether clients are present:
  - (a) You shall not be under the influence of alcohol or illegal drugs
  - (b) You may not use tobacco of any kind, or tobacco-less vapor cigarettes that give the appearance of smoking.
15. It is not appropriate to wear your visiting uniform items to gain access or privileges in any place that is not established as one of your visiting programs, or to other public places.
16. Clean and carefully groom your animal before each visit according to the standards of ITA, your local affiliate, and your facility. This should include:
  - (a) Cleaning and brushing your animal according to facility or program requirements
  - (b) Cutting or filing nails
  - (c) Brushing teeth and ensuring fresh breath
  - (d) Cleaning eyes and ears
  - (e) Spraying or rubbing coat with an appropriate dander remover. Bathing must be done within 24 hours before a visit to a facility where immuno-suppressed patients reside.
17. ALWAYS clean up after your animal, inside and outside the therapy facility. Be sure to remove any hair, saliva, urine and fecal matter left by your animal. **Also make sure to follow any clean-up protocols that each facility may require of visiting animals.** This also applies to meetings and presentations that you and your animal attend and any activities when you are representing Intermountain Therapy Animals.
18. You may not visit with an animal that is in heat, pregnant or nursing, has open cuts, has undergone surgery within fourteen (14) days, or has been otherwise unwell in the previous 24 hours.

### Equipment for Your Therapy Animal

19. Required for every visit are:
  - (a) Uniform items as required by your local affiliate or facility, if applicable
  - (b) ITA photo ID badge
  - (c) Appropriate leash(es) and/or harness as described in #21 below.
20. Leather or nylon collars are appropriate for dogs. Metal or plastic buckles are fine. NO chains, prongs, pinch, metal or head/Halti collars are permitted while visiting.
21. ITA requires a lead that is 4' to 6' long for visiting interactions, for maximum flexibility and maneuverability. For walking to and from facilities, we recommend shorter leads that will help you keep your animal very close to your side. For big dogs, a "traffic lead" (12") is just right. For smaller dogs, you will need a proportionally longer one. Talk to ITA staff if you are not sure which length will be right for you and your animal.
22. Harnesses are essential for certain therapies, such as pulling wheelchairs or other equipment. Again, talk to the staff or your Program Coordinator about whether your animal will need one.
23. Flexi-leads are not allowed for reasons of safety and control. However, there may be special exceptions for some therapy techniques, but you may not use one unless you have been trained in its use by ITA and it is authorized by your Program Coordinator.
24. Cats and small animals such as rabbits, guinea pigs, etc. shall be carried in a basket or on a towel. They must wear an appropriate collar or harness and be on lead at all times. For the sake of your animal, use a small crate for entering and exiting the facility.
25. Birds should be transported in cages. If they come out of their cage for visiting, they, too, must have an appropriate harness or lead.

## Conducting a Therapy Visit

26. Again, as a handler you may participate in therapy visits with only one animal at a time.
27. You may not bring your young children along with you on your visits. This is a safety issue and is essentially the same as bringing more than one animal—your attention can't be in multiple places at once. While we encourage doing AAT together as a great family activity, **a child must be at least sixteen (16) years old to participate as a handler in an ITA Volunteer Team.** Similarly, you may not bring visiting friends or relatives along on your visits. Please remember that your volunteer service is not a "spectator sport."
28. You shall abide by all policies, procedures and precautions of each facility in which you visit.
29. You may be required to undergo a background check and/or provide proof of current immunizations in order to take an assignment in some ITA facilities. If you object to such procedures, you will have to visit a different type of facility where these prerequisites are not required.
30. You agree to comply with each facility's procedures for signing in and out when you visit.
31. Give your animal an overall health and attitude evaluation before each visit. If either you or your animal becomes ill, if at all possible, your Program Coordinator would appreciate at least 24 hours notice to find a substitute for you; if not possible, give as much notice as you can; in the face of a last-minute emergency, call your facility and speak to the appropriate personnel (therapist, etc.) to cancel your visit. Never just fail to show up!
32. Remember that not all animals are comfortable interacting with other animals. Assess the situation with the other handler before allowing your two animals to meet and greet each other at close range. If you are working in a setting with multiple teams, we require that you have them meet before the session, in a neutral area.
33. Do not participate in a therapy visit without appropriate staff presence, knowledge and supervision. Never hesitate to stop a session or procedure that feels unsafe or uncomfortable for your animal, your client, or you.
34. In the event you feel uncomfortable about anything during a therapy visit, contact your Program Coordinator immediately or as soon as possible.
35. Be EXTREMELY DISCREET AND PROFESSIONAL at all times:
  - (a) Do not ask your clients, "What happened to you?"
  - (b) Do not betray confidentiality and privacy.
  - (c) NEVER TAKE PICTURES unless doing so has been cleared in advance with your facility and with your local group.
  - (d) Cell phones must be TURNED OFF during a visit.
  - (e) Relate to your animal when you are in public and in uniform using the premise, "Teach softly, speak softly, and guide."
36. Don't tie your animal to movable medical equipment such as a bed, wheelchair, gurney or IV pole. However, in a dire emergency you may attach his leash to a permanent fixture, but do not leave him or her alone.
37. Don't allow your animal to kiss or lick a client without permission. All kisses should be given on command only.
38. The average time for a visit should be *about one hour*. Some animals can handle a bit longer, but for others, even an hour is too long. Depending on the activity level and intensity of the situation, a visit on rare occasions may go slightly longer, but **in no case should a visit exceed two hours**. Please remember that your therapy animal is doing **emotional labor**, which is inherently stressful and exhausting.

39. Treats are not recommended while working. Use them judiciously, if at all, so that your animal will not focus on treats as the entire reason for your visits. Use them only for situations where they are part of the therapeutic technique, and then only when no other animals are nearby who could be distracted.
40. Your animal may not go off-lead during an AAI session unless approved by your Program Coordinator, and unless you are the only team present. NOTE: Should any accident happen when your dog is off-lead, your ITA liability insurance will NOT be in effect; thus, going off-lead is your own choice and responsibility. Please be very, very careful!
41. Do not remove a client from a facility to take a "walk" without staff supervision.
42. You must not feed, clothe, move, or in any way provide patient care or medical assistance to any client.
43. You shall not borrow money or personal items or receive any personal gratuity, gift or tip, such as money or jewelry, from people you visit. It is not routinely acceptable to give gifts to your clients, either, even small ones such as candy, cookies, etc. However, leaving your ITA business card, a bookmark or photo of your animal is often appropriate. If any doubt exists, talk to your Program Coordinator or facility contact about the appropriateness of gifts in any specific situation.
44. Working in group settings requires special considerations and adjustments:
  - (a) If several dogs will be together in the same room, it's imperative to give them a chance to greet one another (but not play or get over-stimulated) before going inside to work.
  - (b) Stay 8 feet away from other dogs while working (and at least 12 feet away from cats, birds, bunnies and the like).
  - (c) NEVER let your animals off-lead when several are together.
  - (d) Be very careful about the use of toys and treats, as they both may inspire distraction, competition and/or jealousy among the other animals present. Be willing to share!
45. Help us all learn from each other, and even perhaps avoid potential problems in the field, by letting us know when you have especially interesting, unique, unusual experiences during your visits. The inspiring stories are always welcome, but so are difficult situations in which everyone learned what not to do, or when a creative new technique was born of a patient's need and you and your partner's skill and talent. We even have forms you can use for these purposes!

### **In-Home Visits**

46. Intermountain Therapy Animals does not generally permit in-home visits by our teams, although occasional exceptions can be made in special circumstances. If you receive such a request, you must discuss and clear it through the ITA office. Your liability insurance policy will not cover such visits unless they have been pre-approved.

### **Reporting Incidents, Accidents or Discriminatory Acts**

47. The following procedure explains what to do in case of an incident or accident while working:
  - (a) Remain calm. Stop the activity and secure your animal.
  - (b) End the visit.
  - (c) Get help from facility staff for the injured person. Do not attempt to give medical aid yourself.
  - (d) Immediately contact the facility's supervisor and complete any documentation required by the facility.
  - (e) Notify your **local group leaders** and/or the ITA office (**801.272.3439**) immediately (seven days a week, at any reasonable time).
  - (f) **Evaluate all aspects of the situation** for the benefit of future experience and learning.

48. Intermountain Therapy Animals does not and shall not discriminate on the basis of race, color, religion (creed), gender identity and expression, age, national or ethnic origin (ancestry), disability, marital status, sexual orientation, military or veteran status, or any other characteristic protected under applicable federal or state laws, in any of its activities or operations. All board, staff and volunteers with ITA are charged to support this effort, and we will respond promptly and appropriately to any concerns that are brought to our attention. Such decisions would likely include dismissal from the organization.

I have read and agree to abide by the above Standards, Policies and Procedures for ITA Volunteer Handlers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are under 18, your parent or legal guardian must also sign.*

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

AFFILIATE



INTERMOUNTAIN THERAPY ANIMALS

PETS HELPING PEOPLE

## A Note on the Registration Renewal Process

You will need to renew your membership with ITA, through re-testing as a team, every two years.

Your ITA Team Membership Photo ID card will show the expiration date of your membership and liability insurance coverage.

Your group leader will probably remind you of your renewal date before you are due to expire, but if not, it is your ultimate responsibility to be aware of your own expiration dates.

If you have not renewed within 30 days after the expiration date on your ID card, you must cease to visit as an ITA Volunteer Team. Please remember that your liability insurance coverage will also cease 30 days after your membership expiration date.

In the case of extenuating circumstances (such as extended illness of you or your partner), an extension on your renewal date may be considered at the discretion of ITA, based on your specific circumstances. If you seek a renewal extension, you must call ITA prior to the expiration date on your ID badge. Extensions may be granted for no longer than 90 days from the expiration date, provided the following conditions apply:

- No complaints, incidents, or problems have occurred with either you or your animal.
- Your animal's health screening is up-to-date.

You may continue visiting for the duration of the extension period, once you have been granted an extension and received an extension statement.



If you have any questions about any of these policies, procedures or practices, general or specific, please never hesitate to call the ITA office to receive clarification. We love hearing from you!

**801.272.3439**