Application Pack

(Last updated May 2026)

Contents:

Checklist

*(Please ensure you have completed **and** submitted the following BEFORE scheduling your assessment)*

1. Application form
2. Reference form
3. Veterinary Health Certificate for each animal companion
4. Copy of Vaccination Certificate for each animal companion

These forms may be completed electronically and emailed directly to info@pat.co.za

Please note that Pets as Therapy does not train, register or certify Emotional Support Dogs or Therapy Animals for personal reasons, including private remunerated work.

Pets as Therapy Prerequisites &

Guidelines for Application

Guardian's Details	Please complete all sections in BLOCK capitals. If you are registering more than one animal, each animal requires its own application.
Check List	● Dogs/cats must be a minimum of 18 months and maximum of 10 years of age. ● Dogs/cats must have been with volunteers for at least 6 months. ● Only one dog/cat is allowed per volunteer. ● Dogs/cats must enjoy social interaction with people. ● Dogs/cats must be free from internal and external parasites. ● Dogs/cats must have vaccinations up to date. A copy of the vaccination certificate must be accompanied by a veterinary certificate stating that your animal companion is fit and has no health problems that would negatively impact on your animal if it became a PAT visiting dog/cat.
The questions and your responses on the application	The assessment is important for a number of reasons, so please be honest in your assessment of your animal. ● We have to minimise the risk of any mishaps between your animal companion and residents (human or otherwise) of institutions you visit. ● We want to ensure that your animals are not stressed when they visit. ● We want you to find the visits positive and fulfilling and not stressful, embarrassing or difficult. ● We want to protect and enhance the good name which Pets as Therapy has developed.
Insurance	PAT has organised public liability insurance for untoward events occurring in institutions. Dogs trained for protection or bite work are not covered by our public liability insurance and we therefore have to exclude these dogs from PAT.
Fees – 2026/2027	● **R200** per annum. Please see options for payment further on in this pack. Fees may be discounted or waived for those who cannot afford them (pensioners or students). ● A family membership of **R300** is available. ● Donations are gratefully accepted and will be acknowledged.
PAT Apparel for sale (Kindly note that volunteers are required to wear a PAT shirt or sweater, and animal companions must wear a PAT bandana during official PAT visits.)	**2026/2027 Price List** • Short sleeved Golf shirt Ladies (yellow or black) R180 • Short sleeved Golf shirts Men's (yellow or black) R180 • Long sleeved Sweatshirts Unisex (black or yellow) R220 • PAT Treat Pouch R180 • PAT Bandana (replacement fee) R50 **animal companion is gifted a bandanna upon successful completion of the PAT assessment*

Initial:

Application Form to Register with Pets as Therapy

Please complete all sections <u>and</u> sign the declaration at the end of the document

Animal Guardian's Details

Title:		Surname:	
Initials:		First name:	
ID number:		Occupation:	
Home address:			
Postal address (if different from home address):			
Email address:			
Cell number:			
How did you hear about PAT?			
Why would you like to become a PAT member?			
Have you been on a mentorship visit?			
Yes		No	
If yes, mentor's name and visiting facility?			

Animal Companion's Details

Animal's name:		Guardian's name:	
Animal's age:		Breed:	
Sex:		Neutered:	
Briefly describe your animal companion's diet:			
Did your animal companion attend socialisation and training before the age of 4 months?			
Yes		No	
Did your animal companion attend further training after the age of 5 months?			
Yes		No	
Does your dog hold a KUSA Canine Good Citizen certificate?			
Yes		No	
If yes, what level?			
Are you a member of any dog training club or school?			
If yes, name of club or school?			
Yes		No	
Has your dog ever been trained for protection or bite work?			
Yes		No	
Is your dog a service dog or guide dog?			
Yes		No	
If yes, please provide details:			
Briefly describe how your animal companion responds to:			
People (adult men & women)			
Children			
Other dogs			
New environments			
Briefly describe your animal companion's personality:			

Initial:

Applicant's Declaration

When your animal companion is accepted as a registered Pets as Therapy animal, do you agree that at all times you will:

- **Observe confidentiality –** this is paramount at all times. Any information gleaned during your visits must remain strictly confidential.
- **Respect institutional values, purpose, regulations and missions at all times** (refer to handbook for further information).
- **Avoid extracurricular contact with patients/institutionalised residents** without first clearing this with the PAT Executive Committee *and* facility management (refer to handbook for further information).
- Make regular visits with your animal companion and share your animal to the benefit of the community concerned.
- Present your PAT animal at an institution in accordance with both PAT rules and regulations covered in our handbook, as well as those of the institution concerned.
- Maintain and present your PAT animal companion in good health, well-groomed and free from parasites.
- Accept complete responsibility for your own actions and that of your dog.
- **Display your Pets as Therapy identity badge** when visiting institutions as a PAT representative.
- Keep your PAT animal companion on a leash at all times, unless otherwise agreed upon with staff.

To the best of my knowledge and ability I hereby certify that I have answered truthfully all of the questions in this application form and agree to abide by the Pets as Therapy code of ethics for therapy dogs as indicated above. I also indemnify Pets as Therapy South Africa from any and all claims that may arise from any incidents/accidents occurring during any and all visits to institutions as a member of Pets as Therapy South Africa.

Signature of Pets as Therapy Applicant:_____

Place: _____ *Date:*_____

Witness – Full name: _____

Signature: _____

Reference Requests

Please provide the names and addresses of two people (<u>not relatives</u>) whom we can contact as character references. They will need to have known you for at least 5 years.

Reference One

Title:		Surname:	
Initials:		First name:	
Relationship to you:			
Email address:		Cell:	

Reference Two

Title:		Surname:	
Initials:		First name:	
Relationship to you:			
Email address:		Cell:	

Payment

Annual Membership fees are **R200** per person or **R300** per Family membership

Further information regarding payment will be given to you once your assessment is complete.

Veterinary Health Certificate

Guardian's name:		Date:		
Animal's name:		Sex:	M	F
Breed:		Neutered:	Y	N
Age:		Chipped:	Y	N
Annual vaccinations up to date?			Y	N
Rabies vaccinations up to date?			Y	N
Deworming done regularly?			Y	N
Flea/Tick prevention done regularly?			Y	N
Is this animal healthy and free from signs of communicable disease?			Y	N
Does this animal have any grooming issues that require attention?			Y	N
If yes, please provide details:				
Does this animal have any health issues that would prevent the animal from being a Pets as Therapy visiting animal?			Y	N
If yes, please provide details:				
Name of certifying veterinarian:				
Signature of certifying veterinarian:				
Practice name and number:				

Practice stamp:

Initial: