



APPLICATION

Thank you for your interest in OSU's Pet Therapy Program!
Please submit your completed application to pettherapytulsa@okstate.edu.
Please note: a completed application does not guarantee acceptance into the program.

Owner Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Email: _____

Work Phone: _____ Cell Phone: _____

Affiliation with OSU (include office if applicable): _____

If employed at OSU, are you in good standing with the University? Yes No

Have you ever been placed under corrective action at OSU? Yes No

If yes, when: _____

If not employed at OSU, may we contact your employer to verify that you are in good standing? Yes No

Name of employer/supervisor and contact information: _____

I have reviewed the program fee/benefits schedule below. I understand that I am responsible for all fees and that certain fees may be paid by me, by my department, or by a donor to the Pet Therapy Program. Financial arrangements will be agreed upon by me and my Department Head.

Yes No

PET THERAPY PROGRAM FEES AND BENEFITS

Item	Cost to Owner*	Sponsors Secured by OSUVMH*
Fee During Application Period:		
Physical Exam at OSUVMH ** (May)	\$60	
One-time Fees After Program Acceptance:		
Pre-training fecal test at OSUVMH (May)	\$0	\$29 OSUVMH Pathobiology Dept.
Group Therapy Dog Training ** (June)	\$300	
AKC Canine Good Citizen Test (August)	\$20	
Alliance of Therapy Dogs Background Check (September)	\$20	
Alliance of Therapy Dogs Initial Membership Fee (September)	\$40	
Annual Fees/Benefits:		
Alliance of Therapy Dogs Membership Renewal	\$30	
Required VMH wellness exam, recommended vaccinations, fecal/heartworm tests **	\$43	\$74 OSUVMH
Deworming product	\$30-\$50 (dog size dependent)	
NexGard (flea/tick preventative)	\$0	\$160-\$350 Boehringer-Ingelheim
Heartgard (heartworm preventative)	\$0	\$100 Boehringer-Ingelheim
HomeAgain Microchip	\$0	\$31 Merck Animal Health
ASPCA Pet Insurance	10% premium discount	
Hill's Dog Food	Under negotiation	
Royal Canin Dog Food	50% monthly discount	

* All costs are estimated and may fluctuate.

** These costs can be paid by the owner, OSU Foundation donor via the Pet Therapy Fund, or by the Department. All other costs are the responsibility of the owner. Financial arrangements will be agreed upon by the owner and Department Head.

Veterinarian Information

Your Veterinarian
Name:

Last

First

Address:

Street Address

Suite #

City

State

ZIP Code

Veterinarian Phone: _____ Veterinarian Email: _____

Pet Information

Pet Name: _____ Breed: _____

Rescue: Yes No

Age: _____

Male: Female:

Castrated: Spayed:

How long has your pet lived in your home? (years or months): _____

Has your pet completed any type of obedience training? Yes No

If yes, please list trainings/certifications and year(s):

Please state your reason(s) for applying to be a member of Pete's Pet Posse Tulsa (attach additional page if necessary):

Does your pet have a unique story? Is it a rescue animal? (Preference for participation will be given to “rescue animals.”)

Are you and your pet willing to participate in a variety of marketing venues? Opportunities may include, but are not limited to: OState.tv promotions, printed media, social media, and other media outlets as requested. Yes No

Are you willing to participate in additional outreach activities such as campus/community events? Yes No

Owner Name (please print): _____

Owner Signature: _____ Date: _____

Department Head Name and Title (please print): _____

Department Head Approval Signature: _____ Date: _____

Note: If owner is the Department Head, please have your Supervisor approve below:

Supervisor Name and Title (please print): _____

Supervisor Approval Signature: _____ Date: _____

Owner’s Facility Manager Name (please print): _____

Owner’s Facility Manager Approval Signature: _____ Date: _____

Thank you for applying to the OSU Pet Therapy Program! Upon receipt of your application, the OSU Pet Therapy Program Coordinator will contact you with additional information. Your application will be reviewed by the Pet Therapy Advisory Board and if accepted, you will be contacted for an owner/handler interview. Additional application steps include a physical examination and disposition evaluation of your pet. Full acceptance into the program is based on all of the above, as well as recommendations by the Pete’s Pet Posse veterinarian and the Pete’s Pet Posse trainer. The Pet Therapy Advisory Board will select the new therapy teams in May.

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July 2019