

Washington Corrections Center for Women
9601 Bujacich Rd. NW
Gig Harbor, Washington 98332

Therapy (Facility) Dog Application

If any information changes, please call to update

Organization/Facility: _____ Date: _____

Contact Person (Full Name & Title) _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ X _____

Email: _____ Website: _____

If the facility is not in a metropolitan area, please indicate the nearest city and its distance from your facility: _____

In what type of facility will the dog be living?

Private Home Group Home Nursing Home Retirement Home

Other _____

What services does your facility provide for its residents? _____

What are the ages of facility residents? _____

Will the dog go home with anyone overnight? _____ If so, who? _____

If the dog is to stay at the facility overnight, specify where and describe: _____

How will the facility ensure that the dog does not get outside? _____

Does the facility have any other resident animals? _____

Please specify breed, age, sex: _____

Has the facility had any other resident animals in the past? _____

What happened to previous animals? _____

Does the facility have any visiting animals with whom the facility dog must get along? _____

Please describe: _____

Does the facility have a regular veterinarian? _____ Please give name and phone: _____

Can the facility supply all the physical needs of a dog (food, exercise, veterinary care, etc.)? _____

Does the facility have a care plan for the dog? _____ (please attach) If no, describe your plan to ensure proper daily care for the dog: _____

Can this facility commit to this dog for his/her entire lifetime? _____

Who will be the dog's primary caretaker? _____ Position: _____

How long has he/she been with the facility? _____

What is facility's plan if the dog's primary caretaker is suddenly unavailable? _____

Who will care for dog on the primary caretaker's days off? _____

How did you learn about our program?

TV Radio Newspaper Magazine Newsletter Presentation
Other _____

Has this facility applied to PPPP before? _____

When, & what happened? _____

Where else has this facility applied? _____

What happened? _____

Please enclose any additional information that would be pertinent to this application (brochures, pamphlets, photographs, etc.)

Please allow a few weeks for the processing of your paperwork. We will send you a letter confirming receipt of your application.

Note: Failure to disclose or supply adequate/accurate information or intentionally supplying false information during any part of the application process may result in removal of the dog from the facility.

I certify that all statements I have written and information I have supplied to the Prison Pet Partnership Program is true to the best of my knowledge and that I am an authorized representative of the facility in question.

Applicant Signature _____ Date _____