



**Registration - Team Evaluation – Sunday - Date: 9/24/17**

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

Organization (if applicable): \_\_\_\_\_ Web site: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Age and DOB: \_\_\_\_\_

Animal / Breed: \_\_\_\_\_ Animal Gender:  M  F Intact  Spayed  Neutered

1. How long have you had this animal? \_\_\_\_\_
2. How did you acquire this animal? \_\_\_\_\_
3. Is there any type of individual or age group that this animal avoids or seems uncomfortable around?  
 \_\_\_\_\_
4. How did you learn about New England Pet Partners? \_\_\_\_\_

**CONSIDERATIONS FOR TEAM EVALUATIONS!**

- ◆ Relax and take-a-few-deep-breaths before the evaluation. This is beneficial for your companion as well.
- ◆ All pets must be comfortably restrained by an appropriate collar and leash, and/or carrier as indicated in your Pet Partner's Team Training Manual.

**Helpful Evaluation Checklist**

- Pet Partner's Team Handlers Course Certificate of Completion
- If handler is under 16; parent or guardian must accompany and sign form
- Handler's Questionnaire—**Step #5 – Licensed Evaluator is required to review**
- Health Form for your Pet – within the year – Bring Rabies Tag or Cert.
- Towel or small blanket if animal is to be carried
- Acceptable collar or harness and leash (refer to your PP Team Training Manual)
- A brush or comb to which the animal is accustom
- If you are not the animal's owner, written permission from the owner to register with the animal
- If your animal has special dietary needs, circumstances, simply share - and bring treats

*A Smile, a Word, a Laugh, a Deep Breath,  
 a Hand Reaching, a Trust, a Step forward, a Sense of Well-Being,  
 a Small Change Makes a Big Difference ...*

**Thank you for Registering with NEPP. Please return the following.**

- Evaluation \$30.00
- Renewal or Re-Testing \$25.00
- Additional animals\* \$20.00

Evaluation times are on a first register / first serve basis, unless you are booking a specific date for our Evaluators and Volunteers at your facility. You do not need to attend *NEPP's Pet Partner Team Training Workshop* to team evaluate at NEPP. *You DO NEED to complete the Pet Partner Team Training Online Course or Attend a Workshop.*

Indicate how many evaluations you will need (one per each animal/handler team). Indicate a time preference. Each evaluation takes approximately 30-minutes.

How many evaluations? \_\_\_\_\_. Registration information is required for each animal.

**Organizations / Multiple Evaluations:** Please copy and use this registration or request an add-on sheet.

**Time Preference:**  early morning  mid morning  early afternoon  late afternoon

**Payment Method**

Check  Cash Office Use Only: **Paid in Full** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Make Checks Payable to **New England Pet Partners, Inc.**





**How You Can Help!**

NEPP welcomes donations in any amount to support our teams (education, medical). Please make checks payable to New England Pet Partner, Inc. We invite you to our [website](#) for Information regarding Sponsorship Levels / PayPal.

\$25  \$50  \$100  Other \_\_\_\_\_ **Total Amount Submitted:** \_\_\_\_\_

MC  VISA  DISC Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Sec Code: \_\_\_\_\_ Signature: \_\_\_\_\_

-  **Send Completed Registration and Payment to:**  
[New England Pet Partners, Inc.](#), P.O. Box 534, Pelham, NH 03076
-  **Location of Evaluation: Dog Talk Training Sanctuary | 24 Tenney Road, Pelham, NH**
-  **Fax: 603-635-7441**
-  **E-mail: [info@nepetpartners.org](mailto:info@nepetpartners.org)**



**Terms of Agreement**

I indemnify and hold the New England Pet Partners, Inc, Dog Talk & TheraPet, LLC and the sponsors of this team evaluation harmless from and against all claims, losses, liabilities and damage to persons or property, governmental charges or fines and attorney's fees arising out of acts of omission of Pet Partners Workshops and Animal-Assisted Activity/Therapy including, but not limited to, interactions with instructors, attendees or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the testing site or within the site.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_