



Mid South Therapy Dogs & Friends

Facility Request Form

Thank you for your interest in MSTD! Please fill in the requested information and return via email to info@midsouththerapydogs.org. We will send your request out to our therapy teams as well as add your facility to our online waiting list.

Today's Date: ____/____/____

Name of Facility: _____

Physical Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

What type of visit are you requesting?	Speaking/Presentation	Yes	No
Recurring Facility Visits	School READING Program	Yes	No
Dog Safety Program	Stress-Free Zone(During Final Week)	Yes	No
Meet & Greet for Students	Animal-Assisted Therapies (OT/PT)	Yes	No

Population at Facility: _____ Purpose of Facility _____

Name of Contact: _____

(The person who will be responsible for coordinating the animal therapy program at this facility)

Title: _____

Email: _____

Contact Phone (if different from above): _____

Ideal Day of Visit(s): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Ideal Frequency of Visit(s): Weekly Bi-Weekly Monthly

Ideal Time of Visits: _____

Alternate Day/Frequency/Time: _____

Are EVENING visits a possibility?	Yes	No
Are WEEKEND visits a possibility?	Yes	No
Do you have an existing policy and procedure for animals?	Yes	No
Do you have an existing policy and procedure for visiting?	Yes	No
Do you have resident animals?	Yes	No

If yes, please explain:

Do you have a Volunteer Application that our teams need to fill out? Yes No

Do you have a Volunteer Orientation that our teams need to attend? Yes No

Do you require shots (like COVID)? Yes No

If yes, please specify: _____

Have you ever worked with animals before with your patients/clients? Yes No

Where did you hear about us?

What are your goals & how do you envision the visits with your patients/clients?

Will volunteers, staff and clients be required to wear a face mask during the visit? _____

Will volunteers, staff and clients be asked to check their temperature before a visit? _____

Will volunteers, staff and clients be required to wear disposable gloves during the visit? _____

What is the process if/when a client or staff member tests positive for COVID-19? _____

If a client or staff member tests positive for a contagion, how will you notify MSTD volunteers immediately? _____

MSTD Volunteers ask that clients and staff members use hand sanitizer before and at the end of each therapy animal visit. Will you provide hand sanitizer for the animal therapy visit? _____