

# PET THERAPY OF THE OZARKS, INC.

## APPLICATION FOR MEMBERSHIP

[www.geocities.com/Pettherapyoftheozarks](http://www.geocities.com/Pettherapyoftheozarks) or call 848-PETS

NAME:(Must be 18)\_\_\_\_\_

OTHERS JOINING AS FAMILY MEMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (DAY)\_\_\_\_\_ (EVENING)\_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOBBIES/SPECIAL INTERESTS: \_\_\_\_\_

WHY I WANT TO JOIN PTO: \_\_\_\_\_

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\_\_\_\_\_ I do not want to make therapy visits at this time, but I wish to support Pet Therapy of the Ozarks, Inc. with my membership dues and other services I may be able to provide.

\_\_\_\_\_ I wish to make therapy visits with my approved pet. I understand that I will be accountable to conduct myself and my pet according to the PTO Code of Ethics and Rules of Conduct. I also understand I will be covered with the organizations liability insurance ONLY when I am making a PRE-SCHEDULED visit arranged by Pet Therapy of the Ozarks, Inc. using an approved pet.

### CODE OF ETHICS

At all times I will: present my PTO pet to an institution in accordance with the regulations and rules of that institution; present my PTO pet in good health, well groomed, and displaying the PTO identification tag and current rabies tag. I will be responsible for my pet's actions. I will conduct my therapy visit according to the PTO Rules of Conduct. I will always remember that I am ambassador of the pet therapy program, and will conduct myself with dignity, safety and consideration for others in all my actions for the organization.

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

Signature of others under this membership: \_\_\_\_\_

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Annual dues of \$20.00 for single or \$30.00 for family membership are payable to Pet Therapy of the Ozarks upon arrival at the Therapy Pet Evaluation.

Submit membership application to: P.O. Box 9462, Springfield MO 65801-9462. **If you are waiting to have a pet evaluated you may bring this application with you to your scheduled evaluation.** Your application will be presented at the next Board of Directors and/or membership meeting. Applications require Board approval, contingent upon a vote of the membership.

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### FOR OFFICIAL PTO USE ONLY

Date Submitted to Secretary\_\_\_\_\_

Date Presented to Board of Directors \_\_\_\_\_ Approved: YES NO

Date Presented to Membership\_\_\_\_\_ Approved: YES NO

Membership Year effective until September 30, 20\_\_\_\_\_