



Membership Agreement

I attest I am 18 years of age or older.

I have read and agree to abide by all Nashville Therapy Pets Guidelines, Policies, and Procedures. I agree to not violate any Nashville Therapy Pets Guidelines, Policies, and Procedures in order to stay in compliance with NTP insurance policies.

I agree to keep sensitive medical information I may learn about residents of facilities I visit to myself and not discuss such matters with fellow handlers, facility staff, or any other persons.

I agree to obtain permission and a release form for any photos and/or videos I take in facilities before sending them to NTP offices or using them on my personal social media pages.

I understand that in order to remain covered by NTP insurance policies I am responsible for my pet and their actions and behaviors at all times.

I will remain vigilant and alert at all times while on visits to ensure the safety of those I am serving as well as my pet and myself.

I will continue my pet's training in order to be prepared for periodic observatory visits. I attest that my pet has passed the NTP Canine Training Test or a NTP Skills Evaluation in order to receive membership.

My pet will be clean, well groomed, and odor-free on all visits.

My pet will be in all required gear at all times while on a visit or a facility property including a collar, leash, harness, halter, flying leash, and/or lead rope.

I will maintain my pet's required vaccines as well as any recommended vaccines I elect to have administered to my pet. I will keep my pet on parasite prevention regularly and ensure they have yearly physical examinations.

I will remain courteous and polite on all visits to anyone that I and my pet interact with. I will refrain from using profanity or foul language while serving on visits.

I will refrain from smoking and/or vaping on facility properties. I will refrain from recreational drug usage and/or CBD products prior to and while on visits and facility properties.

I will be well groomed and dressed modestly on all visits.

I agree to maintain my required one visit minimum per quarter (1 visit every 3 months) as a volunteer serving my community. I will keep a log of my volunteer visits and hours to be submitted each year.



Membership Agreement

I understand the NTP offices have the right and discretion to terminate my membership at any time due to any and all violation of this agreement.

Handler Name _____

NTP Member Number (if renewing) _____

Cell Phone Number _____

Email Address _____

Pet Name _____

Signature _____

Date _____

All Membership Agreements are good for 1 year