

Request for New Pet Therapy Visits

Thank you for your interest in partnering with Nashville Therapy Pets! All NTP members are volunteers who have agreed to serve their community as pet therapy teams consisting of 1 handler and 1 pet. NTP offices will assign each facility requesting regular rotations a Visit Captain who will be the facility's point of contact that will arrange all visits and scheduling. The Visit Captain will try to the best of their ability to make sure at least one team is available for all scheduled visits. Facilities should always remember that teams are volunteers and there may arise times that visits will need to be cancelled due to lack of teams available (vacations, weather, and/or illness). All facility staff should always be polite and courteous to NTP teams as they volunteer their time to serve your facility.

Facility Name									
Facility Type	Senior Living/Men	nory Care	Busin	ess Staff	Relief	N	ledical C	Office/Hospital	
Special Needs Kids/Adults School – age Other									
Facility Full Ad	dress								
Parking Addre	ss/Special Instruction	ns							
Facility Phone	Number								
Facility Contac	t Person & Title								
Facility Contac	t Direct Phone Num	ber							
Facility Contac	t Cell Phone Numbe	r (optional) _							
Facility Contac	t Email								
Requested Vis	it Frequency	Мо	lonthly		Quar	terly	Special Ever	ıts	
Best Day(s) of	the Week for Visits	M	Т	W	Th	F	Sat	Sun	
Best 1-hour Ti	me Frame for Volunt	eers to Come	!			_ Specia	al Event	Date	
Special Event I	Description & Location	on at Facility _							



Approved Species to Attend Visits at Your Facility

(NTP currently only has Cat & Dog Teams — however we hope to expand in the future. Select any	, pets
you'd be comfortable with so we know where any new species teams can attend visits in the fut	ure)

Cats	Dogs	Hoofstock	Small Mammals	Birds	Reptiles
Will the visit(s) tak	e place indo	ors or outdoors?	Indoors (I	NTP Preferred)	Outdoors
Is the facility ok wi	th Co-Visitin	g Teams Attending	Visits	Yes	No
All NTP Co-	Visiting team	ns have their own l	ified with other pet iability insurance ar o their being added	nd have had thei	r
Would you like Pro	of of NTP Ge	neral Liability Insu	ırance be sent to yo	u? Yes	No
Any Facility Requir	ements for T	eams to Visit (prod	of of vaccines, etc.) _.		
Date Request Subr	nitted			-	
Comple	eted Visit	•	s May Be Email		fices at
		nashvillethera	pypets@gmail.co	<u>om</u>	
*Please note you			added to the NTP (unteers to sign up
		For NTP C	Office Use Only:		
Assigned Visit Cap	tain			_ Special Event	(No Capt. Needed)
Visit Captain Assign	ned 🔲	Added to Cal	endar	Added to Locatio	n Spreadsheet