



PONY EXPRESS THERAPY DOGS

APPLICATION

The following are situations and/or commands you and your dog should know or learn:

- Understanding of your dog's behavior in a variety of situations or environments
- Encouragement through positive reinforcement
- Basic obedience (sit, down, stay, come, walk on a loose leash)
- Acceptance of a friendly stranger and sit for petting
- Calm and controlled reaction to walking through a crowd and when crowd wants to pet
- Polite reaction to another dog
- Appropriate reaction to distractions, i.e. noise
- Supervised separation without distress
- Controlled reaction to equipment, i.e. wheelchair, walker, etc.
- Controlled reaction to loud stranger
- Controlled reaction to/entry through automatic doors and elevators
- Load into and unload from a vehicle
- Acceptable appearance and grooming

Provide the following to reserve a place in the next evaluation:

- Completed application
- Health Record (current vaccinations: (DHPPC, Rabies, Bordetella, Fecal exam)
- Application Fee: (non-refundable) payable to PONY EXPRESS THERAPY DOGS

New Teams: \$25

(If a team successfully passes the evaluation and probationary period, the \$25 will be used to partially offset the cost of the dog's official cape/vest.)

Existing Pony Express Handler w/ New Dog: \$15

Re-evaluation: \$0

Pony Express Therapy Dog Contact Information:

Bill Luce, Ex. Dir.
816- 232-5162

William_luce49@yahoo.com

Sharon Luce, Treas.
816-232-5162

retire1242@gmail.com

University of Missouri, Lincoln University, U.S. Department of Agriculture and Local Extension Councils Cooperating

EQUAL OPPORTUNITY/ADA INSTITUTIONS

APPLICATION INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: Name: _____ Phone: _____

E-mail: _____

Age: Over 18 _____ Under 18 _____

Times available: Days _____ Evenings _____ Weekends _____

DOG INFORMATION:

Name: _____

Breed: _____ Spayed ___ Neutered ___

Age (DOB): _____ Male _____ Female _____

Shelter/Rescue: Yes _____ No _____

Vaccinations current: Yes ___ No ___ *Updated vaccinations required with application

Date/Location of obedience class (if applicable): _____

Additional classes (if applicable): _____

ADDITIONAL INFORMATION:

Certain visits/events involve strict confidentiality regarding patient's medical records and/or working with children in schools. If needed, would you allow a background check? Yes _____ No _____ (*would only be done with your approval*)

Are you able to make a commitment to visit facilities or scheduled events at least once a month?

Yes ___ No ___

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There are several different types of visits/events that Pony Express Therapy Dogs participates in. Some require additional assistance from Pony Express Therapy Dog members. Would you be willing to assist in additional activities?
Yes ____ No ____

I have interest in the following types of visits/events that Pony Express Therapy Dogs participate in:

_____ Nursing home/assisted living facilities

_____ Children with disabilities

_____ Programs that help children in schools and libraries with reading skills (Book Buddies)

_____ Faith based visits (Prayer Buddies)

I understand that any aggressive behavior directed at a person or a dog by a current Pony Express Therapy Dog team (either registered or probationary) when participating in a Pony Express event may result in the immediate dismissal of that team from the program.

Initials: _____

Signed: _____ Date: _____

Applicable reservation fee must be included with the Application.

Mail or turn-in application and fees to:

Bill Luce, Ex. Director
4607 Englewood Drive
St. Joseph, MO 64506

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