

**BUCHANAN COUNTY UNIVERSITY OF MISSOURI EXTENSION**

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UNIVERSITY OF MISSOURI  
**Extension**



## **PONY EXPRESS THERAPY DOGS APPLICATION**

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

- *Understand your dog's behavior in a variety of situations or environments;*
- *Encouragement through positive enforcement;*
- *Basic obedience (sit, down, stay, come, walk on a loose leash)*
- *Accept a friendly stranger and sit for petting*
- *Walk through a crowd and reaction 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. wheel chair, walker, etc.*
- *Controlled reaction to loud stranger*
- *Controlled reaction to/entry through automatic doors and elevators*
- *Load into and unload from a vehicle*
- *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**

**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](mailto:William_luce49@yahoo.com)**

**REGISTRATION 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): \_\_\_\_\_

**I UNDERSTAND THAT ANY AGGRESSIVE BEHAVIOR DIRECTED AT A PERSON OR DOG BY A CURRENT PONY EXPRESS THERAPY DOGS 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: \_\_\_\_\_**

**\$25 reservation fee (non-refundable) must be included with the Application.**

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**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*)

**Provide a brief background on your dog, i.e. when did you get him/her, likes and dislikes, favorite toy, etc.**

**What are your goals for you and your dog in the Pony Express Therapy Dog Program?**

**What are your FUTURE goals for you and your dog?**

**What behavior does your dog need additional work?**

**What command does your dog do the best?**

**Do you have other pets in the home? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what kind and how many.**

**How much time do you spend training your dog each week?**

**Does your dog have any health issues? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details.**

**What motivates your dog (i.e. food, toys, etc.) and explain.**

**How does your dog respond to strangers?**

**Are you able to make a commitment to visit facilities 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 of our 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)**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

EQUAL OPPORTUNITY/ADA INSTITUTIONS

As of August 1, 2020