

BUCHANAN COUNTY UNIVERSITY OF MISSOURI EXTENSION

4125 Mitchell Avenue

St. Joseph, MO 64501

Phone: 816-279-1691

Fax: 816-279-3982

E-mail: pembertonk@missouri.edu

Web: extension.missouri.edu/Buchanan



BUCHANAN COUNTY PONY EXPRESS THERAPY DOGS HANDLER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our members. The intent of the agreement is to assure you of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your member experience a productive and rewarding one.

MISSION STATEMENT: *Pony Express Therapy Dogs is dedicated to enhancing the life experiences of all through interaction/contact with therapy dogs*

As a registered Buchanan County Pony Express Therapy Dogs Member, I understand and agree:

- To comply with documentation, registration, annual dues and re-registration requirements; this includes providing all required paperwork two weeks before temperament evaluation.
- To insure my dog is clean, in good health & free of any contagious conditions.
- To control my dog at all times during the programs.
- To provide my own transportation and pay my own expenses incurred as part of official member activities. Expenses may be tax deductible with proper documentation.
- To refrain from using alcohol or illegal drugs while participating in member activities, participating while intoxicated, or possessing any weapons during member activities.
- To cooperate with and support University of Missouri Extension staff and members to jointly further the missions and objectives of the Pony Express Therapy Dogs Program.
- To refrain from advertising names or places of businesses and products.
- To not take my dog to nursing home, group settings or for any official member service if animal has given signs of inappropriate behavior, personality, or actions of any kind that may endanger others or me.
- To only take the dog(s) on visits that I was evaluated with by the Pony Express Therapy Dog program.
- To conduct myself appropriately in accordance with the Guidelines at all program events, understanding that my involvement affects the public perception of the program. Any inappropriate behavior may be grounds for termination.
- To understand the importance of privacy and confidentiality during all events/visits.
- To allow myself to be photographed for use in marketing and public relations for the program.

Members are Recognized as Pony Express Therapy Dogs members if they:

- Attend orientation, provide up to health papers and signed Contract at that session;
- Bring animal to temperament /aptitude evaluation and is approved;
- Meet all requirements of the Pony Express Therapy Dog program;
- Obtain and use approved Pony Express Therapy Dog capes/scarves and handler badges at all visits;
- Register for all visits on the computer calendar;
- Make a minimum of one (1) visit per month;
- Returning members must provide up to date health papers & new contract two weeks before the anniversary of their temperament evaluation and then attend temperament evaluation and dogs must be reregistered every two years;
- Current on annual dues.

I further understand that Buchanan County University of Missouri Extension will:

- Disseminate information and program updates to all who request it, without regard to race, color, religion, sex, age, national origin, disability or sexual orientation
- Support the Buchanan County University of Missouri Extension Pony Express Therapy Dogs program and coordinate publicity and promotion
- Provide oversight, and direction to members
- Communication expectations and responsibilities of the program to members
- Resign and/or terminate if necessary, any member who does not uphold Pony Express Therapy Dogs policies and guidelines
- Uphold and cultivate a trustful relationship between staff and members
- Provide liability insurance coverage for those serving in the official capacity as a University recognized Pony Express Therapy Dogs Member.

Members shall be immune from personal liability for any act or omission resulting in damage or injury to any person intended to receive benefits from such member's service if:

1. The member acted in good faith and within the scope of his or her official functions and duties with the organization; and
2. The damage or injury was not caused by the intentional or malicious conduct or by the negligence of such member.

Regarding claims arising from the use of personal vehicles for official business, University coverage is excess to any other auto recognized member having the need for legal defense and liability protection should inform their immediate supervisor who will follow regular administrative lines in arranging for assistance.

Pony Express Therapy Dogs Agreement

I have read and understand this Pony Express Therapy Dogs Member Contract and Team Guidelines and further agree to abide by the conditions of this contract until it is revoked or revised.

I also agree to allow my name, & contact information to be listed and shared with other Pony Express Therapy Dogs member and with cooperating sites/agencies.

I authorize the University of Missouri to make pictures and sound recordings my family/myself and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements.
(If you do not agree to this, please cross out)

Name: _____ Dog Name: _____

Address: _____ City: _____ Zip: _____

Phone Day: _____ Evening: _____ E mail: _____

Dog (size/color/special characteristics/breed): _____

Signature: _____ Date: _____

Buchanan County University of Missouri Extension Pony Express Therapy Dogs Executive Committee

Name _____ Signature _____ Date: _____

Pony Express Therapy Dog Contact Information

Bill Luce, Ex. Dir.
816-232-5162
William_luce49@yahoo.com