

Human Animal Bond, Inc.

Date: _____

Name : _____ Occupation: _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Type and breed of pet: _____

Pet's name: _____ Age: _____

Veterinarian Name and Phone Number: _____

Have you been certified with other pet therapy organizations? (Delta Society, Therapy Dogs, Inc., other military groups?) Yes No

Which groups?

Where and when?

What caused you to be interested in the Fort Leavenworth HAB program? How did you hear about us?

How long do you plan to be in the Leavenworth / Lansing area? _____

What are your leisure time interests and hobbies?

Do you have any special skills that might benefit our program? (animal training, languages, computer skills, etc.)

Do you or your pet have any "special needs" or medical challenges that might require accommodation to be active in HAB?