

Paws for Friendship Inc. ©
Helping Those In Need, One Paw At A Time
CELEBRATING 27 YEARS IN 2020

2020 Membership Application

Name _____

Is this a family application? IF YES, both names will be on the ID card _____ Yes _____ No

Address _____

City/State/Zip/Country _____

Cell Phone _____ Daytime _____ Evening _____

**** MUST have at least 2 valid numbers****

Email _____

Facebook _____

Pet's Name _____

Age _____ Male _____ Female _____ Spayed? _____ Neutered? _____ Weight _____

Breed/Type of Pet _____

How did you hear about us? _____

List of Pet Groups you belong to _____

P.O. Box 341378 ~ Tampa, FL 33694
Office (866) 925PAWS (7297) ~ Cell (813) 957-6829 ~ Fax (866) 725-4828
Jenniesmom1@gmail.com – www.pawsforfriendshipinc.org
We are a Certified Animal Assisted Therapy Organization

Are you associated with any previous or current PAWS members? _____ Yes _____ No

IF YES, please list those members _____

Please list 3 personal and/or professional references and their contact numbers

**Due to recent changes in governing regulations and as we visit with children in many situations with our certified and registered therapy pets we are required to ask the following:

Have you or a family member ever been arrested or cited for Animal Cruelty – Neglect or Endangerment? IF YES, please explain and include the State/County the incident(s) occurred.

**** IF my membership is approved I agree to make the required one (1) visit per month. ****
IF you are unable to make a monthly visit please just contact us and let us know!

- IF accepted into our program ALL paperwork, dues, photos (emailed in jpeg format) must be received within 10 days of joining or you will need to be re-evaluated.
- Upon joining and signing ALL paperwork with Paws for Friendship Inc. you are acknowledging you are responsible for the *return* of **ALL** copyrighted items. This must be done within 10 days of your leaving this organization. Please remember items can easily be lost in the mail so PLEASE send all items back by certified or registered mail.
- Dues are NOT refunded if you change your mind after joining.
- If you ‘opt out’ from receiving our emails your membership will be terminated immediately!
- Before any Evaluation can be scheduled we must have **ALL** the paperwork received in our office in Tampa, FL. Partial paperwork will be held for 10 days and then resubmission of everything will be required.

Thank You for your understanding and we are grateful that you have expressed a desire to join and share your pet with others.

Signed _____

** PARENT/GUARDIAN'S signature if under 18 years of age **

Date _____

**** Our organization is protected under Federal Copyright and Trademark Law ****

**** We reserve the right to DENY membership to anyone ****