



**Pet Partners® Team  
(Animal/Handler) Evaluations**



**Saturday, January 23, 2010**

**by appointment only**

**Exeter Healthcare**

**Exeter, NH**

**Delta Society® Licensed Evaluators:**

***Pat Coughlin & Lisa Karakostas***

---

---

***Cost is \$25.00 per animal.***

Prior to registration please be sure to CAREFULLY read the prerequisite information on the ElderPet website. Teams will be given a 20 minute appointment. Teams should plan on being at the evaluation site for about 45 minutes.

*Your evaluation appointment time will be emailed to you once we receive your payment. Please BE SURE to include your email address on the registration.*

*You must bring your animal's rabies certificate. This must be obtained from your vet. We will not evaluate any animal without first seeing the certificate.*

*Please also bring your animal's brush and the Delta Handler Questionnaire located in your renewal packet or your team training manual.*

***For questions or cancellations please contact***

***Lisa Karakostas  
Lkarakostas@ehr.org***



## Pet Partners® Team Evaluation REGISTRATION FORM

Please PRINT legibly

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check here if this is a RENEWAL appointment \_\_\_\_\_  
(registered Pet Partners ONLY)

Animal's Name: \_\_\_\_\_

Type (circle): DOG CAT OTHER/Specify: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered? \_\_\_\_\_

Birthday or age: \_\_\_\_\_ How long lived with you? \_\_\_\_\_

**Note:** If evaluating more than one team, please attach a sheet with the information on that animal or handler. \$25 per additional team.

Release Form:

I indemnify and hold the Delta Society and ElderPet harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorneys' fees arising out of acts or omissions of the Pet Partners Workshop and Evaluations, including but not limited to interactions with instructors, evaluators, attendees, or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the training site or within the training site.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_ Checks should be made to **ELDERPET**

**Mail form with fees to:** ElderPet, c/o Jeri Zezula, 26 Town Hall Rd., Madbury, NH 03823