



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



**Saturday, Oct. 17, 2009
by appointment only**

Putnam Hall, University of New Hampshire, Durham, 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 veterinarian. 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 Only

REGISTRATION FORM

For those only wishing an only an evaluation. (\$25 per Team)

Please PRINT legibly

Name: _____

Address: _____

City/State/zip: _____

Phone: _____ **E-mail:** _____

Please Check: _____ renewal; _____ 2nd pet/handler;
_____ completed home-study _____ took team training previously

Animal's Name: _____

Type (circle): DOG CAT OTHER/Specify: _____

Breed: _____ **Sex:** _____ **Neutered?** _____

Age or Year Born: _____ **How long lived with you?** _____

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