



New Member Orientation

Welcome to PAWS of CNY, Inc.!

Thank you for your commitment to helping those in our community. Your dedication helps us to bring comfort and smiles to thousands of people every month.

To ensure you have all of the tools and information you need for enjoyable and safe pet therapy visits, please review the contents of this packet thoroughly. At the end of our orientation you will be asked to read and sign a member agreement and pay a certification fee of \$100.00 (checks may be made payable to PAWS of CNY, Inc.).

Ongoing Membership Fees

As a non-profit volunteer organization, PAWS of CNY is financially dependent upon fundraising, community donations, and membership fees in order to sustain our operations.

Each pet that passes the certification process will be charged a \$100 certification fee which will be due at the time the dog passes the initial evaluation. Every two years, when the pet successfully passes the required re-certification, an additional \$100 fee will be required.

This biennial \$100 fee for certified pets covers costs associated with a volunteer's application and orientation process (including mailings, room rental fees for certification testing, mandatory pet bandanas, etc.) as well as costs associated with on-going administrative operations.

In compliance with IRS regulations, please note that this donation represents a charitable contribution to PAWS of CNY, Inc.

Term of Membership

Up to this point, you have completed Phase I of our pet therapy certification process: the initial evaluation. Once we receive your member agreement and associated certification fee, we will then assign you to a facility where you will complete Phase II of our pet therapy certification process: the three-month facility evaluation.



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The term of a PAWS of CNY Therapy Pet Certification is two years. Handlers will be re-assessed for continued membership by completing the initial evaluation. Please note that PAWS of CNY reserves the right to call in a handler and pet for a re-evaluation if an incident is reported at any time during the two-year period.

Please note that during the facility evaluation process you will complete three visits at your assigned facility (one per month for 3 consecutive months):

- **Visit one:** You will visit without your pet so you can shadow the Group Leader and learn what to expect when you bring your pet to future visits. Your familiarity with the facility and visit procedures will put your pet at ease and set you up for the best possible success for the remaining two facility visits.
- **Visits two and three:** You will bring your pet and the Group Leader will evaluate you as a team in the applied setting.

Below is a brief summary of the materials in this packet:

- 1. Understanding the Limits of Your Pet Therapy Certification** – An explanation of what your PAWS of CNY pet therapy certification does not allow relative to pet access in public spaces.
- 2. Member Policies & Procedures** – Outlines the responsibilities each member is obligated to fulfill to meet ongoing certification requirements.
- 3. Signs of Stress** – It is important that you are able to recognize signs of stress in your therapy pet so you can act in your pet's best interest.
- 4. Incident Report** – In the rare instance that there is an incident during a PAWS of CNY visit, an incident report must be submitted to the PAWS of CNY Board of Directors so that appropriate action can be taken.
- 5. Complaint Form** – Members are welcome to file a complaint at any time, should they have a concern or issue with the organization's operations.



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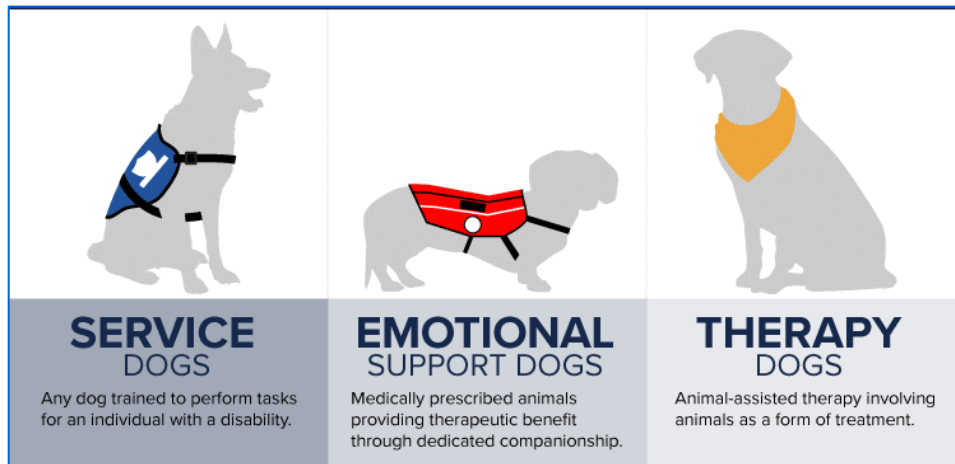
- 6. Facility Evaluation Criteria** – Please review the criteria that your Group Leader will use to assess whether or not you and your pet pass the facility evaluation.
- 7. Facility Assignment** – Location and schedule for your three-month facility evaluation.
- 8. Member Agreement** – Please read the agreement, sign, and return along with your \$100 certification fee. Keep the second copy for your files.

If you have any questions at any point throughout your membership, contact the Board of Directors via email at info@pawsofcny.org or voicemail at 315.457.7622.



Understanding the Limits of Your Pet Therapy Certification

Please know that a pet therapy certification from PAWS of CNY does not permit members to utilize their pet therapy credentials to sanction their pet's presence outside of organized visits. A PAWS of CNY pet therapy certification is not a service dog certification. Please see below to understand the finite limitations of a pet therapy certification (Source: Orvis.com):



If you bring your certified pet to any hospital, health care facility, nursing home, assisted living facility, school, library, or place of employment, and the visit is not organized and sanctioned by PAWS of CNY, your pet is not permitted to wear his/her pet therapy vest/bandanna.

We understand that our members interact with their pets at locations and events in the community outside of our organization's purview. Please know, however, that the liability insurance carried by PAWS of CNY, Inc. will only protect members on approved visits at contracted facilities.

It is not permissible to gain admittance for your pet to a health care or educational institution in any community, or to gain permission by your employer to bring your dog to work with you, by providing a PAWS of CNY pet therapy certificate as a proof of behavioral and temperament credentialing, or to otherwise leverage your certification for any other personal use.

If you have any questions regarding these requirements, or would like to discuss a specific need to visit with your pet in a clinical, educational, or occupational setting, please contact the PAWS of CNY Board of Directors.



Members Policies & Procedures

These policies and procedures may be amended at any time by a vote of the board of directors. Members will be notified, via email, regarding policy changes.

Members of PAWS of CNY, Inc. must adhere to all policies and procedures listed herein to maintain an active pet therapy certification, and must indicate willingness to do so by signing the Member Agreement.

Therapy Pet Wellness Requirements

1. Therapy pets must be at least one year of age to participate in PAWS of CNY programs.
2. Therapy pets must have resided with their current owner for a minimum of six months prior to completing the PAWS of CNY pet therapy certification process.
3. A current copy of your pet's rabies certificate must be on file with PAWS of CNY at all times. If we do not have an up-to-date copy within 30 days of expiration, your pet will not be allowed to visit at any facility or event until a current rabies certificate has been produced.
4. Members must provide a copy of the PAWS of CNY health screening form, completed by your pet's veterinarian, which includes proof of a negative fecal sample, annually. If we do not have an up-to-date copy within 30 days of expiration, your pet will not be allowed to visit at any facility or event until a current form has been produced.



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5. Pets that receive any vaccinations, including bordetella (“kennel cough”) may not volunteer in any setting, especially with immunocompromised residents/patients, for a minimum of 48 hours.
6. If your pet’s health changes in any way that would limit or impede its ability to volunteer, notify the Board of Directors as soon as possible.
7. Pets actively receiving chemotherapy for the treatment of cancer are not permitted to attend any pet therapy visits or events. This is required to mitigate the risk of exposure to toxins to patients/residents in an immunocompromised state of health. Pets may resume visits after documentation from a veterinarian has been provided to verify that the pet’s chemotherapy regimen has been completed, and that the pet is again healthy enough to volunteer.
8. Year-round flea and tick prevention is highly recommended, but proof of prevention is not required.

Member Requirements

1. Members should present a clean, pleasant and courteous appearance. Please refrain from wearing inappropriate clothing such as pants with rips or holes, sweat pants, or Yoga pants to visits and events. While we do not require business casual attire when volunteering, remember that you are representing our organization in the community.
2. Members are encouraged to wear closed toe shoes to minimize the risk of having feet or toes injured by wheel chairs, and to ensure the greatest ability



to maintain proper control of your pet during the visit.

3. Refrain from using heavily scented lotions or perfumes before a visit, as some residents/patients may be allergic or highly sensitive to them.
4. Do not visit if you are sick, have any open sores, rashes, infections discharge, flu/cold-like symptoms, or any other communicable condition to minimize the risk of spreading germs to the immunocompromised.

Attendance Requirements

1. There can be no more than two certified members per pet per visit.
2. You may only handle a pet during a visit for whom you have been certified. In cases where multiple family members would like to visit with multiple dogs, each family member must be certified with each dog they intend to handle during visits.
3. Certified members may only handle one certified pet per visit to ensure total attention and focus may be given to the pet for the safety of everyone participating in the visit.
4. Any non-certified individual attending a PAWS of CNY visit with a certified handler must sign a non-volunteer waiver agreement, which can be obtained in advance from the Board of Directors.
5. To prevent pet burnout and stress, the following visit limitations are **highly recommended**, at the discretion of the certified member handler:



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- Do not visit with your pet for more than two hours in any one day.
 - Do not visit with your pet more than two times in any one week.
6. Visit during scheduled hours only unless express permission from PAWS of CNY, and the facility is given.
 7. If you are unable to attend your regularly scheduled visit, please contact your assigned group leader as soon as possible to notify him/her that you will be unable to attend. If you are the only volunteer assigned to your facility and are unable to attend your regularly scheduled visit, please contact the Activity Director at the facility as soon as possible to notify him/her that you will be unable to attend.
 8. If you find yourself unwilling or unable to make the majority of your scheduled visits, then you may need to reassess your situation. You may possibly find a better fit at a different facility, you may need to reduce your number of scheduled visits, or you may need to withdraw from the program all together. You can contact a board member at any time to discuss your concerns and we will always do our best to meet your needs while continuing to serve in the best interest of the program.
 9. The visiting status of a member and his/her therapy pet will be changed to inactive if there is a period of six months or more in between pet visits or in between the initial evaluation and the pet's first visit. Inactive members/pets are not permitted to attend pet therapy visits. To regain an active status, the member must be re-certified. This process includes the following steps:
 - Pass the PAWS of CNY evaluation test
 - Potentially pay a \$100 re-certification fee



- Successfully complete a three-month facility evaluation (if visiting at a new facility); or
- Successfully complete a two-month facility evaluation (if visiting at a previously attended facility)

Pet Visit Policy Requirements

1. Allow your pet time to go to the bathroom before your visit. Bring plastic bags to clean up feces that occur outside of the premises and dispose of the bag appropriately. Leave no feces on premises. In case of accidental urination or defecation inside a facility, notify staff immediately. Clean up any elimination inside the facility immediately upon occurrence.
2. Plan on arriving to your visit with your pet a few minutes early so that your pet can have an outdoor introduction to the other pets who will be attending the visit with you. It is important, especially with dogs, to get any initial curiosities out of the way **before** going into the facility. Barking inside a facility can frighten people and leave a bad impression for the rest of the visit and for the program in general.
3. After initial greetings, therapy pets should not interact with each other during any visit, at the discretion of the group leader. It is recommended that handlers be vigilant about avoiding one other while at visits in order to maintain a comfortable distance between themselves and other teams when in the facility. The purpose of a pet therapy visit is not socialization between the teams; rather it is to focus on interaction between the teams and the residents/patients. If your pet is not getting along with another animal at the visit, take your pet immediately to another area to avoid conflict, or dismiss yourselves from the facility for the remainder of the visit.



4. All therapy pets must be clean, well-groomed, free of mats, debris, and foul odor. Patients going through certain medical treatments may have a heightened sense of smell, and may be particularly sensitive to foul odors. If your pet needs bathing, it should be done at least two days prior to a visit. Bathing will help to loosen dead hair, which will proceed to fall out over the next couple of days. Nails must be kept short and blunt. Fresh cut nails are very sharp and can rip fragile skin very easily. There must be no discharge from eyes, ears or genitalia. Abnormal discharge could mean an illness and your pet should not visit. There must be no open cuts, sores, or rashes.
5. If your pet's behavior is altered for any reason on the day of the visit, it may not be a good idea to go as the visit could add stress and cause your pet to react unpredictably.
6. At your discretion, it is encouraged that members with very active dogs exercise them prior to visits to reduce nervous or excess energy. If you have a low energy, very relaxed dog, you may want to avoid a walk immediately prior to your visit as your dog could become too tired to enjoy the visit.
7. All therapy pets must wear PAWS of CNY identification in the form of a yellow bandana that will be provided upon the completion of the PAWS of CNY Therapy Pet Certification, or a standardized vest that you may purchase through PAWS of CNY.
8. All therapy pets must be on a collar or harness and leash. Leashes must be nylon or leather and non-retractable. Leashes may not be longer than 6 feet. Retractable and chain leashes are **not** permitted. Metal collars (e.g., metal



choke or prong collars) are not permitted.

9. Handlers must never give the leash over to a resident/patient or facility staff member.
10. Handle all pets with care. Yelling and physical corrections are not permitted. Excuse yourself if your pet becomes agitated for any reason. This may be for a few minutes or for the remainder of the session.
11. When the facility requires room-to-room visits, it is recommended, at the discretion of the Group Leader, that no more than one pet should be in a client/patient's room at the same time.
12. Handlers must be completely attentive to their therapy pet for the duration of the visit and the handler must have full control of his/her pet at all times. As such, volunteers should not talk/text on a cellular or mobile phone or another communication device while volunteering, or otherwise allow themselves to be distracted from their pet during the visit.
13. Members should not participate in a pet therapy visit while on duty at their place of employment. This is to ensure proper focus on the pet therapy visit for the safety of all involved.
14. Treats are to be used at the discretion of the handler and the Group Leader. Some dogs are so food driven that another dog's treats can cause unnecessary distraction. Please be respectful of the other dogs. Your Group Leader will tell you if treats are permitted during your visits.



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15. For dogs, the "Leave It" command should be consistently obeyed with a verbal cue from you. This is not just an obedience requirement but more importantly, it is a safety issue, as your dog can grab an inappropriate item from the floor in a matter of seconds, including medications that could be toxic.
16. Certified therapy pets should not demonstrate excessive barking, or mouthing. Dogs demonstrating this act of agitation will be asked to go home by their group leader, or should dismiss themselves. The incident will be reported to the Board of Directors by the Group Leader, and you may be required to be re-evaluated in order to continue your regular visitation schedule.
17. Dogs of any size are not permitted to jump up on a patient, resident, or staff member at any time. If a dog jumps during a visit, the incident will be reported to the Board of Directors by the Group Leader, and you may be required to be re-evaluated in order to continue your regular visitation schedule.
18. If a dog bites any person, at any time while on a visit or while participating in a facility-required event, their certification will be revoked and they will be permanently dismissed from the PAWS of CNY pet therapy program.
19. Direct any comments or concerns you have about a program or participants to the designated Group Leader at your facility, or to a member of the Board of Directors.



20. If you are approached by someone requesting information about PAWS of CNY for written publication, television, or radio, please advise them to contact PAWS of CNY directly.

Patient/Resident Interaction Requirements and Best Practices

1. Be prepared to see a variety of physical appearances and levels of function among patients/residents and treat everyone you meet with respect.
2. Be aware of the patient's/resident's body language as it will give you an idea of their comfort level when you are approaching with your pet. If they seem a little reserved or quiet, they may be intimidated or fearful of your pet. Do not be offended. Chat with them and when they seem to look a little more at ease, introduce your animal and then ask them if they would like to pet your animal. They may be happy just looking at your pet. Do not assume that every person is there to have direct contact with your pet. They may be more interested in chatting with you or just watching the pet interactions.
3. Always ask permission from a resident before entering his/her room, if a facility staff member does not accompany you.
4. Be aware of caution tape and signage that may be outside of individual resident rooms, warning of an infection precaution status. Do not visit in these rooms. Ask the activity director at the facility if you have any questions or concerns.
5. Members visiting with small dogs or cats must bring a towel to place on the patient's lap or bed before placing the animal in such place (with the patient's permission).



6. When entering a facility or a room, the therapy pet must be at the handler's side (or in the handler's arms, if a small pet). Pets should never lead a handler into a building or room.
7. Encourage residents/patients to sit down to interact with your dog, rather than lean over toward the ground, especially to pet small dogs. This is to minimize the chance of a fall.
8. Suggested topics of conversation with residents/patients include:
 - Your pet
 - Pets the person may have had in the past
 - Holidays, seasonal events
 - The weather
 - Hobbies
 - Other activities going on at the facility
 - Other pets you may have at home
9. Avoid the following topics of conversation:
 - How the resident/patient feels about the facility
 - The resident's/patient's medical or cognitive conditions
10. During a visit, you should always be aware of:
 - Where your pet is in relation to other pets in the room.
 - Where your pet's paws and/or tails are in relation to wheelchairs, doors, catheters, feeding tubes, oxygen tubes, IVs, and other equipment.
 - The presence of medical equipment such as wheelchairs, walkers, canes and crutches.



11. When visiting with a patient/resident with Alzheimer's or Dementia:
 - Introduce yourself and your pet.
 - Speak softly, slowly, and in simple sentences.
 - If the patient/resident becomes confused, **do not argue with them** over facts they may have incorrect.
 - Do not be offended by things they may say or do.
 - If the person seems to be getting restless, try to comfort or soothe them as best you can, then excuse yourself and move on.
 - Speak to a staff member at the facility if you have any questions or concerns
 - Always be **very aware** of where your dog is with this type of patient and how the animal is responding. If your pet seems fearful or timid, or not themselves for any reason, remove them from the situation immediately, and try again later if you feel comfortable doing so. **Never** force your animal to visit if they are visibly uncomfortable, for the safety of the person receiving the visit as well as the emotional wellbeing of your pet.



Understanding Signs of Stress in your Pet

The experience of a pet visit should be a win-win for everyone involved. If your therapy pet is not willing to engage with patients/residents, or shows any signs of stress, then the animal should not be made to visit at that particular time. If the pet consistently displays this behavior, then you must seriously consider if visiting with this pet is really in its best interest.

We count on each handler to know their pet and recognize when their pet is experiencing stress or discomfort. The following provides a general outline of dog behaviors that may indicate your dog is experiencing stress that, if not addressed, could escalate into a reactive incident:



Avoiding the task at hand



Refusing to enter a room/facility



Avoiding physical contact such as petting



Panting and salivating



Dilated pupils



Shaking as if cold



Ears laid back on head/tail tucked



Sneezing



Hackles all the way up the back



Sweating through the pads of the feet



Hiding behind handler/pulling the handler in the opposite direction



Tight face



Licking lips



Unwillingness or inability to follow commands



Vocalization



Yawning



ALERT



SUSPICIOUS



ANXIOUS



THREATENED



ANGRY



"PEACE!"
look away/head turn



STRESSED
yawn



STRESSED
nose lick



"PEACE!"
sniff ground



"RESPECT!"
turn & walk away



"NEED SPACE"
whale eye



STALKING



STRESSED
scratching



STRESS RELEASE
shake off



RELAXED
soft ears, blinky eyes



"RESPECT!"
offer his back



FRIENDLY & POLITE
curved body



FRIENDLY



"PRETTY PLEASE"
round puppy face



"I'M YOUR LOVEBUG"
belly-rub pose



"HELLO I LOVE YOU!"
greeting stretch



"I'M FRIENDLY!"
play bow



"READY!"
prey bow



"YOU WILL FEED ME"



CURIOUS



HAPPY



OVERJOYED



"MMMM...."



"I LOVE YOU,



Incident Report

Incident reports must be filed when there is any injury to an employee, resident, animal or attendee during a sanctioned PAWS of CNY, Inc. event/visit.

Procedures if an incident occurs:

- Remove the animal from the situation promptly.
- Immediately contact the facility’s supervisor on duty.
- Document the incident on all required forms for the facility.
- As soon as possible, contact a PAWS of CNY Board Member and report the incident.
- Fill out this PAWS of CNY incident report form and return via mail, email, or fax.

Please provide the following information:

Name:	Date of Incident:		
Address:			
City:	State:	Zip:	
Phone:			
Email:			
Animals involved in incident:			

Please provide complete and detailed information of incident. Include facility, dates, evaluator or Group Leader, volunteer information and any contact information):

Describe what action was taken at the facility (if any)?

Signature: _____

Date: _____



Complaint Form

Any member of PAWS of CNY may file a complaint with the Board of Directors concerning alleged misconduct, improper or unsafe handler and/or dog behavior, violation of PAWS of CNY guidelines, policies, etc.

Once the Board of Directors has received your formal complaint all of the information will be reviewed and you will receive a written response within 60 days.

Please be aware that PAWS of CNY will not pursue complaints of a personal nature.

Please provide the following information:

Name:		Date:	
Address:			
City:	State:	Zip:	
Phone:			
Email:			

Please provide detailed information of the complaint.

Have you tried to resolve this situation yourself? If so, how?

What would you suggest as a resolution to this problem?

- Please use a blank sheet of paper for additional information/comments -



Facility Evaluation Form

Please familiarize yourself with the criteria outlined in the following form. This form will be completed by your Group Leader at the end of your three-month facility evaluation, to verify whether or not you and your pet meet the final requirements for therapy pet certification by PAWS of CNY. **Remember, the facility evaluation is pass/fail.**

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During each visit, the pet must not, at any time, display any overt displays of inappropriate behavior. Inappropriate behavior in dogs and cats includes, but is not limited to: growling, hissing, raising of lips in a snarl, biting, clawing, attempts to pull handler away, continuously backing up, excessive urination, excessive whining/crying, and/or two or more of the following: raised fur, flattened ears, stiff-legged posture.

Such displays will be grounds for immediate dismissal.

- 1. **PROLONGED INTERACTION**
The pet must be able to quietly tolerate and give attention to 15 minutes of one-on-one interaction with various facility residents. It is not acceptable for the pet to continuously attempt to pull away from the handler and/or resident during this period. During a normal visit the pet should be able to visit for at least 15 minutes at a time with a short break in between if necessary.

- 2. **FRIENDLY APPROACH**
The pet must approach people it does not know in a friendly manner, which includes an overall lack of fear and apprehension.

- 3. **COMFORT ON VARIOUS SURFACES**
The pet is able to tolerate various surfaces. If the pet will be walking through the facility, it must be able to walk on tiled, linoleum, wood or carpeted flooring without signs of stress or attempts to get off the surface. Small animals, including small dogs or other animals, who will be held during their visit must be able to tolerate being on surfaces such as a person’s lap, bed, table and chair unless the handler is able to securely hold the animal for the entire visit in a position that enables residents to pet it. If the pet is unable to tolerate various surfaces, it may be approved for outdoor visits only.



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- 4. MULTIPLE INDIVIDUALS
The pet must not display any signs of aggression or fear when approached by or presented to multiple people.

- 5. APPARATUS
The pet must not display any signs of aggression or irresolvable fear when approached by or brought beside or in front of a person using a wheelchair, walker, crutches cane and/or other medical articles.

- 6. HANDLER CONTROL
The handler must show ability to control his/her pet by maintaining possession of the pet at all times and displaying constant awareness of where his/her pet is.

- 7. PLACEMENT OF ANIMAL
The handler must show ability to position the pet appropriately and without force so that the pet can be reached for petting or interaction with humans in various positions, such as sitting in a wheelchair or at a table, lying in a bed, or standing.

- 8. LEAVE IT (for canines only)
When presented with a desired item such as a toy or food, the dog must be able to "leave it" on command. If there is no such item already on the floor at the facility at any of the visits, the handler will demonstrate the dog's ability to perform this action by placing a toy or food that he/she has brought and then issuing the command.

THE OVERALL DETERMINATION FOR THIS PET IS (circle one): PASS FAIL



Facility Evaluation Assignment

The facility I will be visiting is: _____

Visits are scheduled for the _____ day of the month at _____ am/pm.

The first facility visit is WITHOUT your dog; the next two visits will be with your dog.

My group leader is: _____

Orientation Notes:

Multiple horizontal lines for writing orientation notes.



Member Agreement (copy for your records)

I have read and understand all of the PAWS of CNY, Inc. protocols and policies. I agree to comply with all of the protocols and policies as they are now written or may be amended in the future. I am aware that PAWS of CNY reserves the right to terminate my member status if I violate the organization's policies. Further, I understand that if my member status is terminated for any reason, I agree not to use/wear PAWS of CNY identification for the purpose of animal assisted activities/therapy, or for any other services similar to that which PAWS of CNY provides. If terminated, I will not hold myself or my pet out as a member for PAWS of CNY for any purpose.

Confidentiality

PAWS of CNY strives to provide the community with the best quality of pet therapy possible while displaying a high level of professionalism and courtesy. Unlawful use or disclosure of information may expose PAWS of CNY to civil and criminal liability meanwhile contradicting the corporation's fundamental beliefs. If a member commits a breach of confidentiality as described herein, his/her membership with PAWS of CNY may be immediately terminated.

Confidentiality is the protection of all information in regards to any person(s) we provide services to. Protected information includes, but is not limited to, information about person(s) we serve, such as name, address, medical condition, financial information, family matters or any other information acquired by a member whether inadvertently or with intent. The protection of the information described herein is to be upheld when a member leaves the visit or therapy session. This means a member cannot discuss the information described above with family members, friends, etc. Every community member we serve is entitled to rights of privacy.

Use of cameras, digital or video recording of any kind is not permitted unless a signed release/consent form is obtained from person(s) receiving our services or the persons (^) legal guardian. Permission must also be obtained from the facility. Photos or video footage of PAWS of CNY pet visits or any other PAWS of CNY event may not be displayed on the internet or any other public forum without first receiving consent from the PAWS of CNY Board of Directors along with the signed release/consent form from each person(s) in the photo or video.



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Waiver & Assumption of Risk

I am aware that there are inherent risks and hazards involved in therapy pet activities, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any pet, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein. In order to participate in pet therapy, animal-assisted therapy, or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences. I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my pet, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in therapy pet activities. I agree to indemnify PAWS of CNY and its members, board, and affiliates from any and all claims by myself, member of family, or any agent while within therapy pet visits, within my home property, or in the general public as a result of any action or inaction, of either my pet or any another.

I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the pet I own or handle and further agree to indemnify, defend and hold the organization harmless from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the pet I own or handle.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AS WELL AS A CONTRACT BETWEEN MYSELF AND PAWS OF CNY, INC. AND/OR ITS MEMBERS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Member's Signature & Printed Name

Date

Signature of Parent/Guardian (if member is under 18)

Date



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Member Agreement (PAWS OF CNY COPY. Please sign and return with the \$100 certification fee)

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Use of cameras, digital or video recording of any kind is not permitted unless a signed release/consent form is obtained from person(s) receiving our services or the persons (') legal guardian. Permission must also be obtained from the facility. Photos or video footage of PAWS of CNY pet visits or any other PAWS of CNY event may not be displayed on the internet or any other public forum without first receiving consent from the PAWS of CNY Board of Directors along with the signed release/consent form from each person(s) in the photo or video.



Waiver & Assumption of Risk

I am aware that there are inherent risks and hazards involved in therapy pet activities, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any pet, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein. In order to participate in pet therapy, animal-assisted therapy, or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences. I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my pet, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in therapy pet activities. I agree to indemnify PAWS of CNY and its members, board, and affiliates from any and all claims by myself, member of family, or any agent while within therapy pet visits, within my home property, or in the general public as a result of any action or inaction, of either my pet or any another.

I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the pet I own or handle and further agree to indemnify, defend and hold the organization harmless from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the pet I own or handle.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AS WELL AS A CONTRACT BETWEEN MYSELF AND PAWS OF CNY, INC. AND/OR ITS MEMBERS AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Member's Signature & Printed Name

Date

Signature of Parent/Guardian (if member is under 18)

Date