



<b>For KPETS staff only</b> Check # _____ Amount _____ Cash Amount _____
---

*Promoting the Healing and Rehabilitating Benefits of the Human Animal Bond*

## Pre-Application

**Please complete this application and bring to Orientation along with a non-refundable \$35 application fee.**

<b>Name:</b>		<b>Orientation Date:</b>	
<b>Home phone:</b>	<b>Cell Phone:</b>	<b>Work phone:</b>	
<b>Address</b>			
<b>Junior Handler (under 18) please provide:</b>			
<b>Your birthdate:</b>		<b>Name of Your Registered Parent/Guardian:</b>	
<b>E-mail:</b>		<b>How did you find out about KPETS?</b>	
<b>Emergency Contact Name and Phone Number:</b>			
<b>Pet name:</b>	<b>Species / Breed:</b>	<b>Age/Birthdate:</b>	<b>Length of Ownership:</b>
<b>Is this pet a service animal? Yes _____ No _____</b>			
<b>Previous pet therapy or related experience:</b>		<b>Certifications:</b>	
<b>Pet training experience: (Please include dates, location and brief description)</b>			
<b>Please list 2 references:</b>  Junior Handlers under 16 must also provide a letter of recommendation from a professional trainer or other KPETS volunteer.	<b>Name:</b>		<b>Phone:</b>
	<b>Address:</b>		
	<b>Name:</b>		<b>Phone:</b>
	<b>Address:</b>		

2120 Oregon Pike, 2<sup>nd</sup> Floor ♥ Lancaster, PA 17601  
 888.685.7387 ♥ (888.68.kpets)  
[www.kpets.org](http://www.kpets.org) ♥ [info@kpets.org](mailto:info@kpets.org)

# Photo Authorization and Release

## For KPETS Volunteers



I hereby consent to and authorize KPETS (Keystone Pet Enhanced Therapy Services) to do the following:

Take photographs and video footage of me and my property in conjunction with any KPETS project; and

Use or cause to be used such photographs and video footage of me and my property and my name, voice, and likeness for KPETS business purposes, including but not limited to any and all forms of advertising, marketing, and publicity.

I understand that there is no time or geographical limitations on the validity of this release.

I irrevocably and indefinitely waive any right to inspect or approve the finished product and to receive any compensation arising from or related to the uses as authorized above.

I irrevocably and indefinitely release KPETS and its directors, officers, agents, and employees from all claims, costs, demands, damages, and causes of action of whatsoever kind and nature that in any way arise from or relate to such uses as authorized above.

I hereby represent that I am eighteen (18) years of age or older.

Intending to be legally bound, I have executed this Photo Authorization and Release as of the date written below.

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

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

If you are under the age of 18, you MUST have a parent or guardian execute this release on your behalf.

Junior Handler's Name (if applicable) \_\_\_\_\_



2120 Oregon Pike, 2<sup>nd</sup> Floor ♥ Lancaster, PA 17601  
888.685.7387 ♥ (888.68.kpets)  
[www.kpets.org](http://www.kpets.org) ♥ [info@kpets.org](mailto:info@kpets.org)

**Touching Lives – Warming Hearts**

*Promoting the Healing and Rehabilitating Benefits of the Human / Animal Bond*

## **HIPAA Confidentiality Agreement**

### **Federal Health Insurance Portability and Accountability Act**

All patients have a right to privacy and all staff including volunteers must respect this right and comply with Keystone Pet Enhanced Therapy Services (KPETS) and the federal law, which insures this right.

- Any information that can identify a patient is considered “Protected Health Information” (PHI). Divulging this information either written or oral is a violation.
- Volunteers will receive minimum information necessary to do the job.
- Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information.
- Do not listen to any conversations between patients and medical staff.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which insures that the conversation will not be overheard.
- Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment. This also pertains to family members, neighbors, friends, church members, etc. who are patients and whom you might see while volunteering. Unless they give you permission to tell someone else, **DO NOT TELL ANYONE.** (This can be difficult at times, because you are caring individuals and would want others who care to know so that they can send a card, say a prayer, etc. However, it is the Law and you must comply. It is also the patient’s right to privacy, no matter how good your intentions might be.)
- Key: remember **WHAT** you are saying, **WHERE** you are saying it, and to **WHOM** you are saying it. These three W’s can determine whether or not you are being compliant with HIPAA regulations.

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any PHI that I may see or hear while volunteering for KPETS in various facilities. I understand failure to comply with any of the statements aforementioned in this document is my responsibility and not that of KPETS. Failure to comply would mean legal action and/or immediate disciplinary action, which may include dismissal from membership.

Name (please print clearly) \_\_\_\_\_

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



2120 Oregon Pike, 2<sup>nd</sup> Floor ♥ Lancaster, PA 17601  
888.685.7387 ♥ (888.68.kpets)  
[www.kpets.org](http://www.kpets.org) ♥ [info@kpets.org](mailto:info@kpets.org)

**Touching Lives – Warming Hearts**

*Promoting the Healing and Rehabilitating Benefits of the Human / Animal Bond*

## Release of Claims for Accidental Injury

(For Each Prospective Member under Test and Observation)

I, \_\_\_\_\_, hereby certify that I am cognizant of all inherent dangers of handling and showing dogs (mine and others), and of the basic safety rules for activities connected therewith.

I understand that it is not the sole purpose of KPETS (Keystone Pet Enhanced Therapy Services), to teach safety rules, nor is it the function of the corporation or its agents to serve as the guardians of my safety, or guarantors of my responsibilities or liabilities. And, in that regard, I understand and guarantee that while I am participating in pre-assessment practice session and on my two (or possibly additional) visits prior to membership, I am responsible for any incident that might occur, and absolve KPETS (Keystone Pet Enhanced Therapy Services) from any liability, therefore.

I also understand and agree that neither KPETS (Keystone Pet Enhanced Therapy Services), or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with said activities which may result in injury, death, or damages to myself or family.

In consideration of being allowed to apply for membership in the Corporation, I hereby personally assume all risks in the above-described activities, and I further release the above-mentioned persons and entities relative to any injury or damage which may befall me while I am so engaged, including all risks connected herewith, whether foreseen or unforeseen; and further to save and hold harmless the names corporation and persons from any claim by me, or my family, or any other party, arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me, and in that capacity; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act and deed, and without fraud, force or undue influence.

I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of physical fitness and capability to perform under normal requirements of this activity.

In witness whereof, I have executed this affirmation and release on:

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

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

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

City, State Zip: \_\_\_\_\_

Handler Phone: \_\_\_\_\_

Handler Email: \_\_\_\_\_