| Orange Grove FarmsDonation of therapy pig Application |
| --- |
| Please fill in all the information to be considered |
| Name: |
| Date of birth: | E-mail: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Preferred method of contact: | Best time to contact: | Relationship to person you are nominating: |
| **Information Pertaining to Where Pet Will Potentially Reside** |
| Is the home rented or owned: | Does home reside in city or county: | Does home have a fenced yard: |
| Other Animals: | Number of Other Animals: | Type of other animals: |
| Person to be considered for therapy pet |
| Name: |
| Diagnosis: | Date of Diagnosis? |
| Age: | Date of birth: | Currently Receiving Disability: |
| City: | State: | ZIP Code: |
| Description of diagnosis or disability: |
| Is there an active prescription for a therapy pet: | Date therapy pet was suggested: |
| Whom therapy pet was suggested by: |
| Does nominee have animal allergies: | Has nominee received any type of animal therapy before? | Animal used in therapy: |
| Please briefly describe the difference in nominee receiving regular therapy, compared to animal therapy: |
| Describe nominees reaction to animals: |
| Has nominee ever been around a live pig: | Describe the interaction between nominee & the pig: |
|  |  |  |
|  |
| To be filled out only if nominee is under 18 years of age and person applying is not a parent or guardian of nominee |
| Parent/Guardian name: |
| Phone: | Email: | Preferred method of contact: |
| Is Parent/Guardian aware of this nomination for their child: |
| Is Parent/Guardian in agreement with child receiving this therapy animal if the nomination is accepted? |
|

|  |
| --- |
| General questions |

 |
| Are you, the nominee, and/or the parent/guardian aware of the care involved of owning a small breed pig: |
| Will someone will able to provide the rest of the training needed to make the pigs job successful? | Is there a back up form care for the pet if nominee is hospitalized? | Are you willing to be patient and work thru the transition period that is required for pigs to adjust? |
| Are you able to help advertise in the fundraising process? | Do you have daily internet access? | Do you have a regular vet that you are established with? If yes, provide name & phone number: |
| General questions pertaining to the nominee & Items provided for potential pet |
| Is there a gender preference of the pet, if so what: |
| Color preference: | Nominees favorite color? |
| Is nominee ok with sound & bright lights: | Is nominee confined to a wheel chair: | Nominees favorite character? |
| Nominees favorite indoor activity: | Nominees favorite outdoor activity: | Nominees regular schedule, wake up/bedtimes: |
| Will pet have open access to outdoors or need to be leash trained: | Would pet need to be potty trained to puppy pad, litter box, or outdoors:  | Will pet need to be crate trained: |
| In your own words |
| Please tell us why you are nominating this person: |
| How do you think the nominee will benefit from having a pig for assistance in therapy: |
| Do you think the nominee should receive priority over the applicants: |
| If yes, please tell us why: |
|  DOCUMENTATION |
| Are you willing & able to provide us with documentation that the diagnosis listed above it true: | From 1-10 how would you rate the severity of the nominees condition (1 being very mild, 10 being extremely severe: |
| CONSENT |
| By electronically signing this document, you agree that everything answered above is true to the best of you knowledge. You agree for OGF’s to perform a charitable fundraiser to cover the other costs for the pet if your nominee is chosen to be a beneficiary. You agree if the nominee is chosen to provide us with any other information we need to make the fundraiser for the additional cost successful (photos, write up about person, etc.). |
| Electronic Signature: Date: |