

**San Mateo County Behavioral Health and Recovery Services
APPLICATION to PROVIDE ANIMAL ASSISTED THERAPY
and/or ANIMAL ASSISTED ACTIVITIES**

I _____ Hereby make application to provide:
Animal Assisted Therapy
(AAT) or Animal
Assisted Activities
(AAA) at _____ site/clinic.

The animal I will use is a _____ named _____

The animal is _____ years and _____ months old.

This animal has been certified/registered by: _____.

Copy of the certification/registration: Is attached Will be provided on request.

I have completed the AAT/AAA Session Preparation Checklist and certify that this animal will meet indicated standards for each and every session.

_____ Applicant Date _____

I have reviewed this application, discussed it with all staff and agree to permit AAT/AAA.

_____ Unit chief Date _____

We have reviewed this application and approve implementation of this AAT/AAA

_____ Deputy Director Date _____
_____ Manager Date _____

Final approval will be made by Quality Management.

I have reviewed this application and approve implementation of this AAT/AAA

_____ Quality
Management Date _____