



# Pete's **PET POSSE** APPLICATION

Thank you for your interest in Pete's Pet Posse!

Please submit your completed application to [petherapy@okstate.edu](mailto:petherapy@okstate.edu) no later than September 30, 2021.  
**Please note: a limited number of spots are available and a completed application does not guarantee acceptance into the program.**

## Owner Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Affiliation with OSU (include office if applicable): \_\_\_\_\_

**If employed at OSU**, are you in good standing with the University?  Yes  No

Have you ever been placed under corrective action at OSU?  Yes  No

If yes, when: \_\_\_\_\_

**If not employed at OSU**, may we contact your employer to verify that you are in good standing?  Yes  No

Name of employer/supervisor and contact information: \_\_\_\_\_ -

I have reviewed the program fee/benefits schedule below. I understand that I am responsible for all fees and that certain fees may be paid by me, by my department, or by a donor to Pete's Pet Posse. Financial arrangements will be agreed upon by me and my Department Head.

Yes     No

### PETE'S PET POSSE PROGRAM FEES AND BENEFITS

Item	Cost to Owner*	Sponsors Secured by OSUVMH*
<b>OSUVMH Fee During Application Period:</b> Physical Exam at OSUVMH **	\$60	
<b>One-time Fees After Program Acceptance:</b> Pre-training fecal test at OSUVMH (January)	\$0	\$33.10 Henthorne Professorship (Dr. Sypniewski)
Group Therapy Dog Training ** (January)	\$350	
AKC Canine Good Citizen Test (April)	\$20	
Alliance of Therapy Dogs Background Check (April)	\$20	
Alliance of Therapy Dogs Initial Membership Fee (May)	\$40	
<b>Annual Fees/Benefits:</b> Alliance of Therapy Dogs Membership Renewal	\$30	
Required VMH wellness exam, recommended vaccinations, fecal/heartworm tests **	\$45.20	\$77.80 OSUVMH
Deworming product	\$30-\$50+ (dog size dependent)	
NexGard (flea/tick preventative)	\$0	\$160-\$350+ Boehringer-Ingelheim
Heartgard (heartworm preventative)	\$0	\$100-150+ Boehringer-Ingelheim
HomeAgain Microchip Placement and Registry Costs	\$0	\$34.70 Merck Animal Health & Henthorne Professorship for registry costs (Dr. Sypniewski)
ASPCA Pet Insurance	10% premium discount	
Hill's Dog Food	One free bag of food per quarter	
Royal Canin Dog Food	50% of MSRP monthly discount	

\* All costs are estimated and are subject to change.

\*\* These costs can be paid by the owner, OSU Foundation donor via the Pete's Pet Posse Pet Therapy Fund, or by the Department. All other costs are the responsibility of the owner. Financial arrangements will be agreed upon by the owner and Department Head.

## Veterinarian Information

Your Veterinarian  
Name:

\_\_\_\_\_

Last

First

Address:

\_\_\_\_\_

Street Address

Suite #

\_\_\_\_\_

City

State

ZIP Code

Veterinarian Phone: \_\_\_\_\_ Veterinarian Email: \_\_\_\_\_

## Pet Information

Pet Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Rescue: Yes  No  Age: \_\_\_\_\_

Male:  Female:

Castrated:  Spayed:

How long has your pet lived in your home? (years or months): \_\_\_\_\_

Has your pet completed any type of obedience training?  Yes  No

If yes, please list trainings/certifications and year(s):

Please state your reason(s) for applying to be a member of Pete's Pet Posse (attach additional page if necessary):

Does your pet have a unique story? Is it a rescue animal? (Preference for participation will be given to “rescue animals.”)

Are you and your pet willing to participate in a variety of marketing activities? Opportunities may include, but are not limited to: OState.tv promotions, printed media, social media, and other media outlets as requested.  Yes  No

Are you willing to participate in outreach activities such as campus/OSU community events?  Yes  No

Owner Name (please print): \_\_\_\_\_

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

Department Head Name and Title (please print): \_\_\_\_\_

Department Head Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If owner is the Department Head, please have your Supervisor approve below:**

Supervisor Name and Title (please print): \_\_\_\_\_

Supervisor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner’s Facility Manager Name (please print): \_\_\_\_\_

Owner’s Facility Manager Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for applying to Pete’s Pet Posse! Upon receipt of your application, the OSU Pete’s Pet Posse Program Coordinator will contact you with additional information. Your application will be reviewed and if accepted, you will be contacted for an interview. Additional application steps include a physical examination and disposition evaluation of your pet. Full acceptance into the program is based on all of the above, as well as recommendations by the Pete’s Pet Posse veterinarian and the Pete’s Pet Posse trainer. The Pet Therapy Advisory Board will select new therapy teams in December and training begins in January. A limited number of spots are available.**

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