

# MY ANGEL WITH PAWS, INC.

3098 Marsh Road  
Deland, Florida 32724  
(386) 490-4949

## AAT Dog APPLICATION

(Please print)

Therapist Personal Information		
Name	Home Phone	Cell Phone
Address		
City, State, Zip		
Email	Marital Status:    Single    Married    Divorced    Other	
DL#	Work Phone	
Employer	Occupation	
Address		
City, State, Zip		
Facility Information		
Facility	Phone	
Address		
City, State, Zip		
Type of Facility		
How will AAT Dog be utilized?		

**Once your application is received and within five (5) business days, you will be contacted by a representative of My Angel With Paws to schedule a time to discuss in more detail your facilities specific needs for an Animal Assist Therapy Dog.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date