



**Facility / Team Connection Form**

So that we can offer visiting facilities and registered team’s an opportunity to connect, please fill in and return to [info@nepetpartners.org](mailto:info@nepetpartners.org).

If you are an organization who would like to become a sponsor for [New England Pet Partners](#), visit [NEPP/SPONSORSHIP](#) or email [info@nepetpartners.org](mailto:info@nepetpartners.org).

Be mindful that not “all” registered visiting teams are free-for-service. It is important to talk to the potential visiting team to gather information and specifics, clarifying your intentions, and the client / patient and/or group’s needs for activities, and/or, goals for therapy. If you are not sure of the difference, please visit [New England Pet Partners, Inc.](#) or [Pet Partners Corporate](#).

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Key Contact for **Visiting Team**: \_\_\_\_\_

Title: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

Key Contact for **Sponsoring/Event**: \_\_\_\_\_

Title: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

**What is your facility type?**

- Hospital  Care Facility  University  School  Library  Other/Special Event

**What is the group size** \_\_\_\_\_ **age** \_\_\_\_\_ **frequency of visits** \_\_\_\_\_

**Are Volunteers required to attend a volunteer orientation?** Yes  No

- Please Check:**  Pet Assisted Activities – Free  Pet Assisted Therapy/Treatment Planning  
 Program Development  Reading Program  Other – Please clarify  Special Event

**Describe your interests / intentions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** [New England Pet Partners, Inc.](#) is a non-profit organization, 501c.3 – 20-8765241. We offer training, team evaluations, and support registered pet therapy teams and facilities seeking teams. *We appreciate donations in any amount to cover administrative and operational costs.*