

Pet Partners Team Evaluator Qualification Form

Please complete all sections. For accuracy, we suggest that you print or type in your responses and keep a copy for your records.



Date: _____

Name: _____

Please include: Prefix: (Mrs., Ms. Mr. Dr., etc.) Suffix (Jr., CPDT, etc)

Affiliate Group Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Website: _____

Registered Pet Partner ID#: _____ Expiration Date: _____

Completed Pet Partners Team Training Course through Home Study Attended Pet Partners Course

Have met two years visit experience in two different environments? Yes No

Have met the minimum of 20 hours of visit experience as verified below? Yes No

Please list college degrees, certifications, and professional credentials:

Pet Partners Visit Experience		
<i>List AAA/T visit experience in two different environments during the past two years</i>		
Date From/To	Total Hours for this Facility	Facility Delta Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Name		
Address		
Contact Name	Contact Title	
Contact Phone	Contact Email	
Contact Signature		
Date From/To	Total Hours for this Facility	Facility Delta Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Name		
Address		
Contact Name	Contact Title	
Contact Phone	Contact Email	
Contact Signature		

Date From/To	Total Hours for this Facility	Facility Delta Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Name		
Address		
Contact Name	Contact Title	
Contact Phone	Contact Email	
Contact Signature		
Teaching/Public Speaking Experience		
<i>Please list any workshops, presentation or courses you have taught, and any public speaking experience</i>		
Date From/To	Workshop/Presentation/Course Name and Location	
Other Species Related Experience		

Please share with us why you want to be a Pet Partners Team Evaluator:

Please initial each statement below:

- _____ I strongly support the mission and goals of Delta Society.
- _____ I agree to abide by Team Evaluator Policies & Procedures.
- _____ I agree to maintain a current Pet Partner registration, visit a minimum of 35 hours per year and conduct a minimum of 20 Team Evaluations every 2 years.
- _____ I understand that the Evaluator license is renewed every two years and renewal is dependent upon maintaining the qualifications required.
- _____ I support humane animal treatment and will treat animals humanely in my evaluations and in my life.
- _____ I will respect geographical jurisdictions, consult and work with local Delta Society Affiliates (if applicable) and Evaluators prior to conducting evaluations.*

Signature Date

**Note: Consulting and coordinating efforts with Affiliates and their Evaluations will avoid offering courses at the same time or too close together. It will also avoid disparity in fee structures which can cause confusion to the general public and create competition between Evaluators.*

Please return this form with the Team Evaluator Registration Form to:

Delta Society
Attn: Ana Davenport
875 124th Avenue NE, Suite 101
Bellevue, WA 98005-2531

For Office Use Only
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:
Delta Staff Signature / Date: