



Sunshine
ON A LEASH

**Delta Society
Evaluation
Registration
Form**

Note: completing the Delta Society Pet Partner Team Training Course is required for your Pet Partner application. Go to www.deltasociety.org for Delta Society's description of the two formats available for completing the course.

Owner Name _____

Address _____

City/State/Zip _____

Phone _____ **(H)** _____ **(W)** _____

E-mail address _____

Pet name _____

Species/Breed _____

Male _____ **Female** _____ **Altered** **Yes** _____ **No** _____ **Birthdate** _____

Health Problems (or significant medical history) _____
(Please detail on back)

Date of Up To Date Vaccinations _____
(please provide copy with application – REQUIRED by facility)

Please submit this form and a non-refundable check for \$25.00 payable to Maureen Parsons and send it to Karen at the address listed below. You will be contacted a couple of days before the evaluation with your appointment time. Please specify any preference: AM _____ PM _____

The evaluation will be held in Jupiter, FL. You will be called the week before the evaluation with directions and your time slot.

Contact Evaluators: Karen Frick
3721 Community Drive
Jupiter, FL 33458
772-359-9797

Maureen Parsons
453 Caravelle Dr.
Jupiter, FL 33458
561-776-8237

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