



## **Volunteer's Acknowledgement and Agreement**

I understand that as a volunteer for the OC TOTO Initiative I retain the ownership of my dog and the responsibility for its welfare. I understand that I must follow the standards set by the Program to maintain my dog's health, safety, and quality of life. I further understand that failure to follow the standards and guidelines set forth by the TOTO Committee may result in being removed from the Program.

### **I. I agree to be responsible for my dog's health and safety.**

- A. I will ensure my dog has adequate nutrition through proper diet (free of any raw meat) and clean water at all times.
- B. I will provide my dog daily exercise, regular bathing, and grooming.
- C. I will ensure my dog receives routine veterinary care: yearly wellness visits, necessary vaccinations, and monthly heartworm/flea/tick preventatives.
- D. I understand that all veterinary records must be documented and filed with the TOTO program.
- E. I will properly control my dog by providing fencing where appropriate, not letting it run loose, and using a leash in public and other identifying items required by the Program.
- F. I will ensure that my dog properly identifiable with tags stating my name and contact information.

### **II. I agree to keep my dog from infringing upon the rights of others.**

- A. I will not allow my dog to run loose or be unattended at any time.
- B. I will not allow my dog to be a nuisance to others.
- C. I will pick up and properly dispose of my dog's waste.

**III. I agree to be an active and responsible participant in the OC TOTO program.**

- A. I understand that advanced obedience training and additional training as a therapy dog is a program requirement.
- B. I will participate in continuing evaluations and provide activity reports as may be required by the Program.
- C. I will work with my Department to determine the work schedule of my therapy dog and the role it will play within the Department.
- D. I understand TOTO's mission to improve campus life and health, and I am willing to make TOTO's ministry a part of my personal mission.

**IV. Financial Responsibility**

I understand that I am responsible for all training, health, daily care, and grooming costs associated with my dog and that the Program has no responsibility for any of these things.

By signing below I agree to abide by all Program standards and expectations.

Owner's Name (please print):

\_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Name/Title (please print):

\_\_\_\_\_

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