



Referral Form for a PetBot Cat from Carmarthenshire Therapy Dogs



Our PetBot project aims to bring companionship and comfort to people in their own homes, by means of providing a PetBot Cat.

Before making a referral, you should consider if he/she: -

- Has a dementia diagnosis or memory issues?
- Is agreeable to try the PetBot or carer thinks it may help?
- Is supported by a carer or family member for battery changes and any mechanical issues?
- Has no other pets in the house, (limited number of cats available)?
- Carer or family agree to return PetBot to Carmarthenshire Therapy Dogs if they no longer need or want the pet?

While none of the above are necessarily reasons for which PetBots would be considered inappropriate, they are points which we would need to consider when allocating the pets as we have a limited number at present.

Please be aware that we rely on unpaid volunteers and so any opportunities for family members or carers to collect the pets from Carmarthenshire HQ, Abercamlais, Golden Grove, Carmarthenshire, SA32 8LX, or meet at a locally agreed location would be appreciated.

If you have any further queries, please contact Sue Smith on 01269 830061.

Sue Smith



Referral Form: PetBot

Self-referral	
Referral by family member/friend	
Referral by health/social care organisation	
Referral by other service provider	

Referrer's details (if not self-referral)

Name			
Job title or relationship to beneficiary			
Address			
Postcode		Telephone No	
Date of referral			

Personal details of the person being referred

Full name		Mr/Mrs/Miss/Ms/Other	
Known as		Preferred pronoun	
DOB		Age	
Address (permanent)			
Postcode		Telephone No	
Mobile		Email	
First language			
Does the person live alone?	Yes		No
Does the person have regular carers or family member contact?	Yes		No
What type of accommodation (own home, sheltered housing etc)?			
Details of any health issues (e.g. other medical conditions or disabilities)			
Other agencies involved in care/support (carers, district nurse, personal assistants)			



Diagnosis of dementia	What type?				
Who made it?	Eg. Memory Clinic attended / waiting formal diagnosis				
Or, Does this person have memory issues?		Yes		No	

Does the person have any history of owning a pet?	Yes		No	
Does the person know that they are being referred for a PetBot?	Yes		No	
Has the PetBot been explained to the person?	Yes		No	
Are they willing to try?	Yes		No	

What benefits do you think a PetBot will bring to the beneficiary?

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Does this person have any preference of colour of cat and why, maybe they have had a particular colour of cat in the past? (we cannot guarantee this can be fulfilled by will try as much as possible to fulfil a preference).

					
Any reason why?					

Main Contact

Full name		Mr/Mrs/Miss/Ms/Other	
Address (permanent)			
Postcode		Telephone No	
Mobile		Email	
Relationship to person			

Agreement from main contact, if the beneficiary does not want or need the PetBot any more Carmarthenshire Therapy Dogs will be contacted and the pet returned, in most cases the pets can be hygienically cleaned and recycled to another beneficiary.

Signature	
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INTERNAL USE ONLY

Date main person contacted	
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Additional comments

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Completed by: (Carmarthenshire Therapy Dog member of staff/volunteer):

Name		Signature	
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Date _____

Please return this form to:

Sue Smith
Carmarthenshire Therapy Dogs
Abercamlais
Golden Grove
Carmarthenshire
SA32 8LX

or email to: carmarthenshiretherapydogs@gmail.com

Any queries call 01269 830061