



# CURAÇAO DOLPHIN THERAPY & RESEARCH CENTER N.V.

("CDTC")

At the Curaçao Sea Aquarium Park

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## APPLICATION FORM

### INTRODUCTION SWIM DOLPHIN THERAPY

You/the participant would like to participate in a introduction swim. In order for you to have a great experience with our dolphins, we would like to ask you to fill out this application form. An introduction swim can only be offered when CDTC has availability.

**CDTC considers the environment and kindly request you to limit your prints to only the last page of this document for your signature. All questions can be answered digitally. Click on the answer box and enter your information. Thank you for your cooperation!**

### PERSONAL INFORMATION

First name:

Last name:

Address:

Zip code:

City:

Country:

Phone:

E-mail:

Date of birth:

Age:

Height (cm):

Weight (kg):

Which languages do you/does the participant speak/understand?

### MEDICAL INFORMATION

Diagnosis and relevant medical information:

What kind of disability/limitation do you/the participant have?

Do you/the participant take any medication?

Which previous therapies have you/has the participant received?

Can you/the participant see?	Yes	No
Can you/the participant hear?	Yes	No
Can you/the participant hold up his/her head by your-/him-/herself?	Yes	No
Can you/the participant sit by your-/him-/herself?	Yes	No
Can you/the participant stand by your-/him-/herself?	Yes	No
Can you/the participant walk by your-/him-/herself?	Yes	No
Can you/the participant talk?	Yes	No
Do you/does the participant understands language?	Yes	No
Do you/does the participant follow instructions?	Yes	No
Are you/is the participant aggressive towards animals?	Yes	No
Are you/is the participant aggressive towards people?	Yes	No
Are you/is the participant aggressive towards your-/him-/herself?	Yes	No
Are you/is the participant afraid of water?	Yes	No
Do you/does the participant have separation anxiety?	Yes	No
Do you/does the participant sleep during daytime?	Yes	No

### QUESTIONS ABOUT DOLPHIN ASSISTED THERAPY

Have you/has the participant ever participated in the dolphin assisted therapy program?

Do you/does the participant like being in water (the sea) or are you/is he/she afraid of it?

How would you describe your/the participants swimming abilities? Do you/does the participant have swimming diplomas?

Do you have/does the participant have any other remarks or questions that may be relevant to the question of whether dolphin assisted therapy is a good option for you/the participant?

## ADDITIONAL INFORMATION

Name of accommodation on Curaçao:

Start- en end date of your stay in Curaçao in which we can plan the swim:

Start date:

End date:

***Signed truthfully by:***

Name:

Date:

Signature: