

2011 APPLICATION FOR MEMBERSHIP THERAPY DOGS INCORPORATED

TYPE OR PRINT LEGIBLY USING BLACK INK

*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP

For each handler/dog team, send the applicable membership fee, **ORIGINAL COPY** of the completed and signed Application, Test and Release of Claims forms to the address below within six months of the test date.

You must attach a copy of proof of rabies vaccination

Membership classification and fees: All fees include 1 dog. Additional dogs \$10 each.

New member processing fee \$10

Single \$30 -- one handler, one dog

\$10 each additional evaluated member in the same household

Minimum age for membership is 16 years

*MEMBERSHIP check applicable entries: New Member ___ Single ___ Additional Member/Handler ___

Existing Member (adding new dog) ___ Member ID# _____

*APPLICANT Name _____

*Street _____

*City/State _____ *Zip _____

*Phone (____) _____ E-mail _____

*Dog's Call Name _____ *Breed or Mix type _____

*Dog's date of birth if known, or approximate age (minimum 1 year) _____ Male ___ Female ___

I certify that I have read and that I understand the TDInc. Rules and Regulations and insurance coverage as set forth by TDInc. I agree to abide by these regulations when working my dog under the name of TDInc. My dog will wear the official red heart-shaped TDInc. identification tag and I understand that I will be covered for liability under the TDInc. insurance plan while participating in visits under the name of TDInc. I hereby certify that I will comply with all the TDInc. Rules and Regulations and provide the required annual veterinary care as set forth by TDInc. I further ascertain that my dog is in compliance with state and local laws regarding, but not limited to, vaccinations and licensing. I understand that as a TDInc. member, I am required to make a minimum of 4 visits with my dog per year.

APPLICANT

*SIGNATURE _____ *Date _____

*Age of Applicant (if minor) _____

*Signature of Parent/Guardian if applicable _____

*****REQUIRED*****

I have examined the dog listed on this application and believe that this dog is healthy, free of internal and external parasites *(negative fecal exam-result date _____)* and is current on vaccines as required by law and appropriate for the area of residence.

Veterinarian or clinic (signature or stamp)

* _____ * Date _____

NO ELECTRONIC CHECKS OR EFT'S WILL BE ACCEPTED

SEND CHECK OR MONEY ORDER IN U.S. FUNDS ONLY TO: THERAPY DOGS INCORPORATED

P.O. BOX 20227 CHEYENNE, WYOMING 82003

Phone: 1-877-843-7364

E-mail us at therapvdogsinc@qwestoffice.net

<http://www.therapydogs.com/>

THIS APPLICATION EXPIRES SIX MONTHS FROM DATE OF TEST

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I hereby certify that I am aware of the inherent dangers of handling dogs in settings with people and with other dogs, and that I recognize the importance of following safety rules in all situations.

I understand that it is not the purpose of Therapy Dogs Inc. (TDInc.) to teach me safety rules, and it is not the function of the Corporation or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In that regard, I understand and guarantee that while I am participating in the TDInc. Test and any subsequent visits which are required prior to being granted membership, I am solely responsible for any incident which might occur and therefore absolve TDInc. from any liability.

Further, I understand and guarantee that while I am participating as a TDInc. member, I am solely responsible for any incident which might occur and therefore absolve TDInc. officers, directors, members, agents or employees from any liability. I also understand and agree that TDInc. may not be held liable in any way for any occurrence in connection with said activities which may result in injury, death or damages to me, my dog, or my family.

In consideration of being given the opportunity to apply for membership in TDInc., I am willing to assume all risks in the activities described above and release the persons and entities cited above if an injury or damage befalls me, whether foreseen or unforeseen, during the performance of these activities, and furthermore save and hold harmless TDInc. and persons from any claim by me or my family or any other party arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

In witness whereof, I have executed this affirmation and release on

Date

Have you ever been convicted of a felony? Yes _____ No _____

If yes, **membership process will cease** pending a background check

Prospective Member

Witness: Tester/Observer

Signature

Signature

Print

Print

Signature of Parent or Legal Guardian (If applicable)

Address

City State Zip code

Prospective member along with Tester/Observer must sign this document before testing.
For each handler/dog team please return ORIGINAL signed document along with ORIGINAL test and Member Application to the office of Therapy Dogs Inc. within six months.

2011 THERAPY DOGS INCORPORATED TEST

*** MUST BE RETURNED WITHIN SIX MONTHS FROM FIRST DATE OF TEST ***

Applicant Name _____

Dog's Call Name _____

RETURN ORIGINAL TEST ALONG WITH APPLICATION AND SIGNED RELEASE FORM FOR EACH TEAM WITHIN SIX MONTHS FROM FIRST DATE OF TEST.

T/O please check and attach a copy of proof of rabies vaccination BEFORE TESTING.

EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST

<u>Handling Test Sections 1 - 8</u>			
1. Initial meeting:			
Was the handler in control?	Yes _____	No _____	
Were the handler and dog polite?	Yes _____	No _____	
Was the dog corrected for poor behavior?	Yes _____	No _____	
Was the dog praised for good behavior?	Yes _____	No _____	
Was the dog clean and well groomed?	Yes _____	No _____	
Was the handler clean and dressed appropriately?	Yes _____	No _____	
Comments:	PASS _____	FAIL _____	
2. Handler control of dog with a loose leash:			
Team going forward	Yes _____	No _____	
Team making left and right turns and turning around	Yes _____	No _____	
Stopping with dog calmly by the handler's side	Yes _____	No _____	
Team going very slowly	Yes _____	No _____	
Team going quickly	Yes _____	No _____	
Team going up to a seated person for petting *	Yes _____	No _____	
Near a person walking unsteadily	Yes _____	No _____	
With a person rushing past the team (from front / back / sides)	Yes _____	No _____	
Did the handler correct the dog if needed?	Yes _____	No _____	
Did the handler praise the dog?	Yes _____	No _____	
Comments:	PASS _____	FAIL _____	
3. Canine-human behavior: friendly stranger			
Was the handler in control?	Yes _____	No _____	
Did the dog bark at person(s)?	Yes _____	No _____	
Was the dog interested in the person(s)?	Yes _____	No _____	
Was any sign of aggression demonstrated?	Yes _____	No _____	
Did the handler correct the dog if needed?	Yes _____	No _____	
Did the handler praise the dog?	Yes _____	No _____	
Comments:	PASS _____	FAIL _____	

* Any dog that might be lifted / carried during visits will also perform this exercise held by the handler.

4. Canine-canine behavior: NEVER allow the dogs to meet face to face. Dogs must not be closer than 2 feet	
Was the handler in control?	Yes _____ No _____
Did the dog bark at other dog(s)?	Yes _____ No _____
Was the dog interested in other dog(s)?	Yes _____ No _____
Was any sign of aggression demonstrated?	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comments:	PASS _____ FAIL _____
5. Handling the dog: dog's response* Acceptable / Unacceptable	
Stroking the head, body & tail with both hands	Acceptable / Unacceptable
Touching the paws	Acceptable / Unacceptable
Scratching/petting the throat	Acceptable / Unacceptable
Holding the ears	Acceptable / Unacceptable
Comments:	PASS _____ FAIL _____
6. Dog's apparent responsiveness	
Did the dog demonstrate a willingness to participate in the exercises?	Yes _____ No _____
If initially excited, did the dog calm down and begin to respond?	Yes _____ No _____
Did the dog exhibit signs of avoidance or stress during the test?	Yes _____ No _____
Comments:	PASS _____ FAIL _____
7. Does the handler have the ability to safely handle this dog?	Yes _____ No _____
Comments:	PASS _____ FAIL _____

Date of Handling Test: _____	PASS _____ FAIL _____
TESTER SIGNATURE _____	
TESTER NAME (print) _____	
Comments: _____	

Exception for handler age 12 to 16 years _____	
A junior applicant or parent / guardian must contact TDInc. office prior to submitting the application.	

* Any dog that might be lifted / carried during visits will also perform this exercise held by the handler.

Observation Sections 8 – 11

MINIMUM OF THREE OBSERVATIONS REQUIRED/ MAXIMUM OF FOUR ALLOWED

Two observations must be done at a medical care facility.

Final decision on membership rests solely with Therapy Dogs Inc.

Prior to the 1st observation, proof of negative results of fecal exam within a year must be verified either by veterinarian records or the signature/clinic stamp section on the TDInc. Member Application. If the exam has not been done, the observation must be rescheduled.

8. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS ___ FAIL ___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS ___ FAIL ___

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____

9. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS ___ FAIL ___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS ___ FAIL ___

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____

10. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS ___ FAIL ___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS ___ FAIL ___

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____

11. (4th observation if needed)

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS ___ FAIL ___

The handler has the ability to safely handle this dog. PASS ___ FAIL ___

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____