



Dear Friend,

Thank you for your interest in membership with Alliance of Therapy Dogs (ATD). Qualifications for ATD begin with a friendly dog, any breed or mix, and an owner/handler who has a desire to share their dog with others in a volunteer capacity. Dogs must be at least one year of age to be tested and observed and the handler must have had a close relationship with the dog for at least six months prior to testing.

Our process begins with a background check. Given the world today, our focus must be on the safety of our clients and the facilities we visit. These background checks also ensure that we can keep our insurance premiums low and, thus, keep your yearly fees low.

Once you have completed your background check, you can test with one of our Tester/Observers in your area. This assessment includes basic handling skills first, and, if you and your dog pass, you move to the next step of three supervised visits.

The items below must be completed and submitted together for review and approval within six months of your handling assessment. If the Tester/Observer passes you and your dog through the test elements, your application to become a certified therapy dog team is not approved until the office reviews, processes, and issues your certification. ATD reserves the right to deny, revoke or not renew membership.

- ✓ Proof that you have successfully completed the Sterling background check
- ✓ Completed Member Application and ATD Certification Test
- ✓ Release of Claims form
- ✓ Correct membership fees
- ✓ Completed Health Verification Form
- ✓ Signed Rules Review

You must bring the items above to your initial assessment that you have scheduled with the Tester/Observer.

Please also bring:

- ✓ Four foot or shorter leash and ATD approved collar (see ATD Member Guidelines)
- ✓ Water for dog (have available)
- ✓ Bag for clean-up (have available)
- ✓ Paper towels or towel (have available)

The application, assessment, and copy of our Rules and Guidelines are enclosed. A list of the Tester/Observers in your area, the link to begin the background check, and additional information like a video of our testing, presentations, and forms are on our website: www.therapydogs.com/join-therapy-dogs/

We look forward to hearing from you!

Alliance of Therapy Dogs
P.O. Box 20227, Cheyenne, WY 82003
1-307-432-0272, 1-877-843-7364
1-307-638-2079 (fax)
Email: office@therapydogs.com Website: www.therapydogs.com

2024 Alliance of Therapy Dogs Prospective Member Cover Sheet

YOUR BACKGROUND CHECK

As a volunteer organization, we care about our program and the quality of the individuals who help us. ATD requires a background check for all prospective members, except junior member applicants, prior to being assessed.

ATD feels it is an important process to assure we are bringing in members who are trustworthy. It is becoming a norm in our society to have volunteers go through a background check. It will provide the facilities we visit with a sense of comfort that our volunteers have been properly screened. Background checks prior to testing will also help to keep our insurance premiums low and, thus, keep your yearly fees low.

ATD has selected Sterling Volunteers to run the background checks on our volunteers. All information about the process is on our website, www.therapydogs.com. The cost for the background check is \$20.00, which also allows you to share the results with other organizations. The first share with one other organization is free.

After you complete the background check, ATD will look over the results and notify you when you can begin the testing process. You will be sent a letter/email to present to the Tester/Observer who will be testing you and your dog.

You can complete your background check from the ATD website: www.therapydogs.com.

Here are the steps:

- Go to **www.therapydogs.com**
- Click on **Join**
- Select Be a Member
- Scroll down and select **Begin your Background Check**
- Follow the directions to provide the necessary information to run the background check.

If you do not have computer access, please contact the office at 307-432-0272 or 877-843-7364.

Once the background check is completed, you will receive an email/letter confirming your eligibility to take the ATD test. You may then contact a Tester/Observer to begin the ATD Certification Assessment. If, after one week, you do not receive emails confirming your application and then informing you of your eligibility status, check your computer's spam/junk mail folder.

If you still cannot find/did not receive the email, you may present to the Tester/Observer a printout of the first page of the "Confidential Background Check Report" (click the badge on your Sterling Volunteer page to access).

If there is any concern about the background check, you will be contacted by ATD for additional information.

ATD Important Facts, Rules, and Guidelines to Know Before Testing

You are responsible for reading and knowing the guidelines below before completing your testing process. In addition, once you pass testing, you will be required to know all the rules and regulations in the Member Handbook that will be sent to you. For details on any of our rules and regulations, policies, code of ethics, and more, please see the “Member” page on our website, www.therapydogs.com

<p>Items Required on Visits (in addition to required handler attire and dog equipment):</p> <ul style="list-style-type: none"> • Membership card • Red heart-shaped ATD identification tag on the collar, harness, vest, or leash (the tag should be removed from the dog when not on a visit). • Written proof of the dog’s vaccinations either carried with on the visit, or in the car, and available upon request. 	<p>Your dog is your first priority:</p> <ul style="list-style-type: none"> • Handlers must have their attention on their dogs for the safety and welfare of their therapy dogs as well as those whom they visit. Do not become so comfortable that you become careless. • Excuse yourself and your dog from any situation you do not believe will be a positive experience for all involved. Never put yourself or your dog in a questionable or threatening situation. • Handlers should evaluate their dog’s health and attitude, as well as their own, prior to every visit. • Be alert to signs of stress in your dog and yourself. Monitor the body language of your dog for signs of stress, including, but not limited to: excessive panting, jumping or climbing on you for security, hiding behind you, shaking or developing tremors in the body or legs, pressing the ears and tail close to the body, yawning or changing facial expressions, looking for an escape route or doorway, refusing to socialize. <p>ATD’s body language infographic and webinar are available on the website. If your dog is showing signs of stress, it is important to leave the visit immediately.</p>	<p>Dog equipment:</p> <ul style="list-style-type: none"> • Permitted equipment: slip, buckle, quick release, martingale, limited slip or any other smooth collars made of chain, nylon or leather; and head and body halters/harnesses made of fabric webbing or leather with metal or plastic buckles. • The collar should fit snugly enough so the dog cannot easily back out of the collar or slip it off of his/her head. A slip collar should be correctly worn so it releases properly as designed. • Dogs wearing a body halter/harness, or a head halter must also wear an approved collar. The leash may be attached to the collar, halter, or harness. • Leashes must be 4 feet in length or shorter and made of material strong enough for the size/strength of the dog. The use of a traffic leash is recommended for large dogs. • Equipment that is not allowed: clickers, retractable, slip leashes, elastic/bungee or chain leashes, pinch, prong, spiked or electronic collars and body halters or harnesses fastened with Velcro® or metal clothing snaps. <p>Only handlers may handle their dogs:</p> <ul style="list-style-type: none"> • Handlers must never leave their dogs alone with staff, patients, or visitors, or other handlers. • Dogs must be kept on a 4-foot or shorter leash held only by the member/handler. The leash must be held by the member’s hand at all times.
<p>Handler attire:</p> <ul style="list-style-type: none"> • Sensible, safe walking shoes with backs or a strap around the heel (no flip-flops, high heels, spike heels or shoes without backs). • No skimpy or tight-fitting attire including short shorts, tank tops, and bare midriffs. <p>Visit Start/End Duration:</p> <ul style="list-style-type: none"> • The visit or event begins as soon as you and your dog exit the vehicle and/or step onto the facility property. • The visit does not end until you leave the facility property. <p>Treats on visits:</p> <p>Only the handler may give treats to their dog. Do not allow those you visit to give your dog treats.</p>	<p>Dogs on laps/furniture:</p> <ul style="list-style-type: none"> • The ATD member/handler must know and strictly adhere to the facility policy concerning dogs on any laps/furniture. • This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds, or physical therapy beds/pads. The handler must be in control of the dog’s head at all times. • Dogs over 15 pounds cannot be placed on laps • Dogs under 50 pound can be placed on occupied furniture. • All dogs may be placed on unoccupied furniture 	<p>Local groups:</p> <p>ATD only recognizes individual members and T/Os. There are no ATD-sanctioned local groups or chapters. Individual members may choose to join any local group as they see fit. ATD members may visit with teams from other groups and registering organizations.</p> <p>Two Foot Rule:</p> <ul style="list-style-type: none"> • Dogs must be kept at least 2 feet from other dogs and animals at all times while on an ATD visit. • If a dog prefers more than 2 feet, the handler should provide for the dog’s needs. You are not covered by insurance if your dog is within 2 feet of another animal, including when posing for photos.
<p>Photos: If photos are allowed, members must have an ATD Photograph Authorization Release Form signed prior to taking any photo which identifies any individual (e.g. face, tattoo, birthmark, scar, etc.). A facility/organization photo release may not be used instead of the ATD photo release.</p> <p>Maintain control of dog’s head:</p> <ul style="list-style-type: none"> • Facial kisses are not allowed in front of the human or dog’s ears. • Maintain control of your dog’s head at all times when visiting. • Examples: hold the collar, face your dog away from the person, or gently hold their face/chin. 		



New Member Health Verification Form

Please complete this form prior to arriving at the handling assessment of the Certification process. This form must be submitted and current when your complete application is sent to the ATD office for processing.

Handler/Prospective Member Name _____

Ph# _____ Email _____

Owner Name (If not the same as handler) _____ Owner Ph# _____

Dog's Name _____ Dog Date of Birth (or approximate age if DOB is unknown) _____

Veterinarian Name _____

Veterinarian Address _____

Veterinarian City, State, Zip _____

Veterinarian Phone _____

DATES & SIGNATURE TO BE COMPLETED BY THE VETERINARIAN OR VET CLINIC STAFF ONLY

- Date annual wellness exam was completed (within the past 12 months) _____
- Date current negative fecal exam was completed (within the past 12 months) _____
- Date current rabies vaccination was given _____ 1 year 3 year
OR Date of Rabies titer _____ titer level _____ (must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

The dog listed on this form has been examined in this clinic, and it is believed that this dog is healthy and free of internal and external parasites on the date listed above.

Required Veterinarian Signature/Clinic Stamp

Date Signed/Stamped

ALLIANCE OF THERAPY DOGS

2024 MEMBERSHIP APPLICATION

THIS APPLICATION MUST BE RECEIVED WITHIN SIX MONTHS FROM THE DATE OF THE Handling Assessment, sections 1 -- 9

TYPE OR PRINT LEGIBLY IN INK

***INDICATES REQUIRED INFORMATION FOR MEMBERSHIP**

Existing member ID# _____

(see other side for fees)

Minimum age for regular membership is 18 years. Ages 12 through 17 may be tested for junior membership.

*Full Legal Name		*Preferred Name
*Mailing address		
*City	*State	*Zip Code
*Day Telephone ()	Evening Telephone ()	
*Email		
*Dog's Call Name	*Breed or Mix type	
Dog's date of birth if known, or approximate age (minimum 1 year):	Circle:	Male Female
I would like a paper copy of the newsmagazine in lieu of a digital copy. YES <input type="checkbox"/> NO <input type="checkbox"/>		
Will you be using your dog in your line of work to perform therapy dog-type functions? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, what is your occupation?		
ATD insurance only covers you while volunteering. Supplemental insurance is available through ATD.		

***** THE FOLLOWING ITEMS ARE REQUIRED AND MUST BE INCLUDED FOR MEMBERSHIP*****

ATD DOCUMENTS:

Sterling Volunteers Background Check Proof of Eligibility (except for junior handlers and current members in good standing) AND

Completed ATD Test and Observations

This completed application AND

Signed Release of Claims Form AND

Signed Rules Review Form AND

Fees AND

Completed Health Verification Form

NOTE: A separate set of forms must be completed for each dog/handler team.

I certify that I have read, and I understand the ATD Rules and Regulations, and insurance coverage as set forth by ATD.

I agree to abide by these regulations when working with my dog under ATD's name. My dog will wear the official red heart shaped ATD identification tag, and I understand that I will be covered for liability under ATD's insurance while participating in visits under ATD's name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to provide the required annual veterinary care as set forth by ATD. I understand that as an ATD member, I am required to make a minimum of one volunteer visit every three months with my dog.

APPLICANT SIGNATURE _____ *Date _____

***Age of Applicant (if minor) _____**

***Signature of Parent/Guardian if applicable _____ *Date _____**

Instructions on how to submit your paperwork are found on the following Explanation of Membership Fees page.

ALLIANCE OF THERAPY DOGS
2024 MEMBERSHIP APPLICATION

Please keep a copy of your application and test forms and send the originals to:

Alliance of Therapy Dogs, P.O. Box 20227, Cheyenne, WY 82003

If you overnight/express the paperwork, send to: 1919 Morrie Ave., Cheyenne, WY 82001

You can email the paperwork to: office@therapydogs.com we will confirm receipt and send a link to pay dues online.

Phone: 877-843-7364 and website www.therapydogs.com

Explanation of Membership Fees

- Single membership fee (1 person/1 dog)
One person/dog team is \$30 per year
New member processing fee is \$15 per household
Total due for this new team is **\$45**

- Single membership fee (1 person/2 dogs)
First person/dog team is \$30
Additional dog(s) is \$10 each
New member processing fee is \$15 per household
Total due for this person with 2 dogs is **\$55**

- Two people in one household with one dog (2 people/1 dog)
First person/dog team is \$30
Second person in the same household is \$10
New member processing fee is \$15 per household
Total due for this household is **\$55**

- Two people in one household with two dogs (2 people/2 dogs)
First person/dog team is \$30
Second person in the same household is \$10
Second dog in the same household is \$10
New member processing fee is \$15 per household
Total due for this household is **\$65**

- Existing members
Each additional dog or handler in the same household is \$10.
You do not pay the membership fee or the processing fee again.

- Two members handling the same dog who do NOT live in the same household
Each will pay the full membership fee of \$30 and \$15 for processing. Each person has their own account and will receive their own member packet and renewal.

- Supporting membership (Membership without registered dog)
Total due for this person is \$20

One renewal date per household – October through March registrations will renew on January 1 of each year. April through September registrations will renew on July 1 of each year.

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

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

I understand that it is my responsibility to read, understand, and follow all Alliance of Therapy Dogs (hereinafter ATD) rules. I understand that it is not the purpose of ATD or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In consideration of the opportunity to apply for membership in ATD and other valuable consideration, I understand and guarantee that while I am participating in the ATD Test, including the observations, I am solely responsible for any injury, harm, or damage that may occur to those with whom I interact, my dog, my family, or me and therefore absolve and hold harmless ATD, its officers, directors, members, agents, and/or employees from any liability and from any claim by me or my family or any other party arising out of my participation in this activity.

In consideration of membership in ATD and other valuable considerations, I release ATD from liability should injury, death, or damages occur to my dog, my family, or me arising out of my involvement with ATD. I understand and guarantee that while I am participating as an ATD member, I am solely responsible for any incident that might occur should I fail to follow any and all ATD rules and therefore absolve ATD officers, directors, members, agents, or employees from any liability.

I shall indemnify ATD for any claims for damages against ATD by any third parties arising from any harm, injury, illness, death, property damage, or other damage while on ATD visits should I fail to follow any and all ATD rules. I also agree to pay ATD's reasonable costs and attorneys' fees in defending any claims and including attorney's fees and costs incurred to enforce the terms of this Agreement. I consent to the courts of Cheyenne, WY, having exclusive venue and jurisdiction over any disputes arising out of or in connection with this Agreement.

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.

To your knowledge, has this dog ever bitten a person? Yes ____ (Date of bite _____) No ____
If yes to this question, the **membership process must cease** pending an investigation.

Are you the owner of this dog? Yes ____ No ____ Dog's name _____
Have you had a relationship with this dog for at least 6 months? Yes ____ No ____
If no, the team cannot be tested until this requirement is met.

Prospective Member

Applicant Signature

Date Signed

Print Full Legal Name

Date of Birth

Address City State Zip Code

Signature of Parent or Legal Guardian (If applicable)

The prospective member must sign this document before testing. A release for each handler/dog team must be returned with ATD Test and Member Application to the ATD office.

ATD Rules Review (Items to be discussed with the T/O)

1. What are some signs your dog is stressed? What should you do when you see those signs?
2. How must you hold your 4-foot or shorter leash? When is this required?
3. Is it okay to visit with other therapy dog teams or facilities where they have pets? If so, what rule must be followed?
4. What is the ATD photo policy if you choose to take photos on a therapy dog visit?
5. What are some ways you can maintain control of your dog's head?
6. In addition to an approved 4-foot or shorter leash, what must members have with them on a visit?

I have discussed the above questions and other guidelines with the applicant.

T/O Signature _____

Date _____

Print Name _____

I have discussed the above questions and other guidelines with the T/O.

Applicant Signature _____

Date _____

Print Name _____

2024 ALLIANCE OF THERAPY DOGS CERTIFICATION TEST

* * * MUST BE RECEIVED BY THE OFFICE WITHIN SIX MONTHS FROM THE DATE OF THE HANDLING ASSESSMENT * * *

with stroller without stroller

Applicant Full Legal Name:	Dog's Call Name:
-----------------------------------	------------------

Is this the first time being assessed with this dog for ATD? Yes No

If assessed before, please indicate the approximate previous assessment date(s):

The ATD Certification Test may be taken no more than three times with the same dog, with at least 30 days in between tests.
Falsification of any information will result in membership denial.

BRING TO THE TEST:

Proof that you have successfully completed the Sterling Volunteers background check

A completed Health Verification Form

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

Handling Test Sections 1 – 9

1.	Handler's attention to instructions: Handler arrived at assessment appointment with the following required items:		
	Did the handler bring an approved collar for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the handler bring an approved 4 foot or shorter leash for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the handler clean and dressed appropriately, including correct footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		
2.	Initial meeting:		
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Were the handler and dog polite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog corrected/redirected for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the dog praised for good behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog clean and well groomed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3.	Canine-human behavior: friendly stranger		
	Dog held, lifted or carried for assessment*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the dog bark at person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog interested in the person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was any sign of aggression demonstrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog corrected/redirected for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the handler praise the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
4.	Physical handling of the dog and dog's response:		
	Dog held, lifted or carried for assessment*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Stroking the head, body and tail with both hands	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Touching the paws	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Scratching/petting the throat	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Holding the ears	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

**A dog too short to be reached for petting must have its front legs lifted or propped up for this exercise.

5. Handler control of dog with a loose leash:			
Team moving forward, changing pace between normal, slow and quick	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Team making left and right turns and turning around	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stopping with dog staying calmly by the handler's side for 5 seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A person rushing past the team while in motion (from front/back/sides)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Near a person walking unsteadily*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Team going up to a seated person for petting* **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dog held, lifted or carried for assessment*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
6. Canine-canine behavior: NEVER allow the dogs to be closer than 2 feet or to stare at another dog.			
Dog held, lifted or carried for testing*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the dog bark at other dog(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the dog interested in other dog(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was any sign of unprovoked aggression demonstrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the dog corrected/redirected for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler praise the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
7. Dog's apparent responsiveness:			
Did the dog demonstrate a willingness to participate in the exercises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If initially excited, did the dog calm down and begin to respond?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the dog exhibit signs of avoidance or stress during the test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
8. Does the handler have the ability to safely handle this dog?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
9. Did the handler follow your instructions during the handling portion of the assessment?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	

Date of Handling Assessment:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TESTER SIGNATURE		
TESTER NAME (print)		
Comments:		
Assessment for an Exception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REQUIRED Specify the exception:		
If assessing for an exception application goes through Alternative Review Committee		

Observations 1 – 4

Applicant Full Legal Name _____

Dog's Name _____

- **MINIMUM OF THREE OBSERVATIONS REQUIRED**
- **MAXIMUM OF FOUR ALLOWED**
- **Two observations must be done at a medical care facility**
- **All observations must be conducted on 3 (or 4) different days**
- **Please use the comment section for all exceptions or stating observed dog in stroller.**

Observation #1 – Type of facility used for observation Medical Other

Was the dog's behavior acceptable when held, lifted or carried by handler? NA Yes No

The handler has the ability to safely handle this dog. Yes No

Did the handler follow your instructions? Yes No

Did the handler follow the ATD Rules and Regulations during this observation? Yes No

Did the prospective handler arrive with the proper approved equipment for the assessment? Yes No

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions. Yes No

Needs Improvement (If yes, list improvement needed in comments below). Yes No

Fourth observation required (If yes, indicate why in comments below). Yes No

Observation: **PASS** **FAIL**
OBSERVER SIGNATURE _____ Date _____
OBSERVER NAME (print) _____

Comments: _____ Observed in stroller Yes No

Observation #2 – Type of facility used for observation Medical Other

Was the dog's behavior acceptable when held, lifted or carried by handler? NA Yes No

The handler has the ability to safely handle this dog. Yes No

Did the handler follow your instructions? Yes No

Did the handler follow the ATD Rules and Regulations during this observation? Yes No

Did the prospective handler arrive with the proper approved equipment for the assessment? Yes No

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions. Yes No

Needs Improvement (If yes, list improvement needed in comments below). Yes No

Fourth observation required (If yes, indicate why in comments below). Yes No

Observation: **PASS** **FAIL**
OBSERVER SIGNATURE _____ Date _____
OBSERVER NAME (print) _____

Comments: _____ Observed in stroller Yes No

Observation #3 – Type of facility used for observation		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Was the dog's behavior acceptable when held, lifted or carried by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the assessment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs Improvement and a fourth observation (list improvements needed in comments)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date	
OBSERVER NAME (print) _____			
Comments:		Observed in stroller <input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation #4 – (if needed)		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Type of facility used for observation			
Was the dog's behavior acceptable when held, lifted or carried by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the assessment?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date	
OBSERVER NAME (print) _____			
Comments:		Observed in stroller <input type="checkbox"/> Yes <input type="checkbox"/> No	