

2012 MEMBERSHIP APPLICATION THERAPY DOGS INCORPORATED

TYPE OR PRINT LEGIBLY IN INK

*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP

Membership classification and fees. *Check all applicable membership*

Existing member ID# _____

New member one time processing fee \$10

Single -- one handler, one dog \$30

Additional evaluated handler or dog in the same household \$10

Supporting membership (Membership without registered dog) \$20

Minimum age for membership is 18 years. Age 12 – 18 may be tested but must have exceptions approval

*Full Legal Name _____

*Mailing address _____

*City/State _____ *Zip _____

*Day Phone(____) _____ Evening phone(____) _____

Email _____

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

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

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

This Completed Application

Proof of Rabies Vaccination or Proof of Minimum Rabies Titer levels (0.5 IU)

Signed Release of Claims Form

Completed TDInc. Test

Test Evaluation Form

Membership Fees

*****BELOW STATEMENT MUST BE SIGNED AND DATED BY VETERINARIAN OR CLINIC*****

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 _____*

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 agree to 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 one visit every three months with my dog

APPLICANT SIGNATURE _____ *Date _____

*Age of Applicant (if minor) _____

*Signature of Parent/Guardian if applicable _____

NO ELECTRONIC CHECKS OR EFT'S WILL BE ACCEPTED. CONTACT THE TDINC. OFFICE IF YOU WISH TO PAY WITH A CREDIT CARD. 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 therapydogsinc@qwestoffice.net <http://www.therapydogs.com/>

THIS APPLICATION EXPIRES SIX MONTHS FROM DATE OF TEST