

**2009 APPLICATION FOR MEMBERSHIP  
THERAPY DOGS INCORPORATED**

TYPE OR PRINT LEGIBLY

\*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. Copies will not be accepted. No electronic checks or EFT's will be accepted. 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 \$25 -- one handler, one dog

\$10 each additional evaluated member in the same household

Supporting \$20 -- members who support TDInc. without a dog

**Minimum age for membership is 16 years**

\*MEMBERSHIP check applicable entries: NEW MEMBER \_\_\_\_\_ SINGLE \_\_\_\_\_ SUPPORTING \_\_\_\_\_  
Existing Member (adding new dog) \_\_\_\_\_ Member ID# \_\_\_\_\_

\*APPLICANT Name \_\_\_\_\_

Mailing address \_\_\_\_\_

\*Street \_\_\_\_\_

\*City/State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Phone Evening (\_\_\_\_\_) \_\_\_\_\_

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, to the best of my knowledge, 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: 1-877-843-7364/1-877-therdog

E-mail us at [therapydogsinc@qwestoffice.net](mailto:therapydogsinc@qwestoffice.net)

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

**THIS APPLICATION EXPIRES SIX MONTHS FROM DATE OF TEST**