



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

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 it with those who are no longer able to own a pet, or are in a health facility separated or away from their pets. Dogs must be at least one year of age to be tested and observed.

Our process begins with a test done by one of our Tester/Observers in your area. This test includes basic handling skills first, and if you and your dog pass, you move to the next step of three supervised visits.

Upon successful completion, the following must be submitted for review and processing for membership:

- ✓ Your completed ATD Test
- ✓ ATD Completed Member Application
- ✓ Release of Claims form
- ✓ Correct membership fees
- ✓ Copy of proof of rabies vaccination
- ✓ Copy of Proof of physical exam within 12 months
- ✓ Signed Rules Review

All of these items must be completed and returned together to process your membership in a timely manner.

The following items are things you will want to bring with you to your initial test that you have scheduled with the Tester/Observers:

- ✓ ATD Member Application
- ✓ Release of Claims form
- ✓ Current year ATD Test
- ✓ Proof of current rabies vaccination or rabies titer of .05 or > within two years
- ✓ Proof of negative fecal within 12 months
- ✓ Proof of physical exam within 12 months
- ✓ 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)

A list of the Tester/Observers in your area, the application, test and copy of our guidelines are enclosed.

You may also find additional information, presentations and forms on our website:
www.therapydogs.com

We look forward to hearing from you!

2017 Alliance of Therapy Dogs Prospective Member Cover Sheet

Alliance of Therapy Dogs

Mission Statement

It is the purpose of Alliance of Therapy Dogs to provide **registration**, support and insurance for members who volunteer with their dogs in animal assisted activities. These activities include, but are not limited to, visits to hospitals, special needs centers, schools and nursing homes. Our objective is to form a network of caring individuals who are willing to share their special dogs in order to bring happiness and cheer to people, young and old alike.



Woolington Agency LLC

1556 Maple Street
Wheatland, WY 82201
Office 307-322-9129
Fax 307-322-2426

To: Alliance of Therapy Dogs Members

From: Will de Ryk, Agent
Woolington Agency LLC

Date: April 1, 2017

I'm pleased to offer Alliance of Therapy Dogs an insurance policy that provides coverage to members in good standing.

The policy provides liability insurance that protects you from claims of others for injury or illness and property damage resulting from therapeutic visitation with your dog. This coverage does not protect you or your dog from injury or illness as a result of participation.

Policy Information

- Commercial General Liability Occurrence Form
- \$5,000,000 Per Occurrence
- \$5,000,000 Aggregate
- \$1,000 Deductible Each Claim for Bodily Injury and Property Damage
- Defense Costs are Included Within the Limit of Liability
- Includes All Dog Breeds

The coverage pertains to registered handlers and dogs at therapeutic visits while representing Alliance of Therapy Dogs. Events can be held in all 50 states, U.S. territories and possessions, Puerto Rico and Canada. The intent of the policy is to cover Alliance of Therapy Dogs members while doing their volunteer pet therapy visits. Coverage is not extended to visits, contact, or activities that are a part of a member's employment or unrelated to Alliance of Therapy Dogs.

In order to answer specific questions regarding covered activities, please refer to the Member Guidelines. Alliance of Therapy Dogs further defines "therapeutic contact" as petting, brushing, holding, throwing, fetching and walking. If you are unsure if an activity meets these guidelines, please contact the Alliance of Therapy Dogs corporate office for clarification. To protect your rights to coverage, all guidelines must be followed. Coverage is not provided for damages caused by intentional acts or as a result of an Alliance of Therapy Dogs member acting outside the scope of, or not in compliance with, the Alliance of Therapy Dogs rules and regulations, Part I, II and III. Both the dog and handler must be registered and dues current. Exception to any guidelines may only be authorized in writing by the Alliance of Therapy Dogs Board of Directors.

I sincerely hope you enjoy your therapy visits. Please be confident that the Alliance of Therapy Dogs Board of Directors and I are committed to providing a quality insurance program at the lowest cost possible.

I know you are very important to those individuals you visit.

Sincerely,

Will de Ryk, Agent
Woolington Agency LLC

ALLIANCE OF THERAPY DOGS RULES AND REGULATIONS
Part I
GOVERNING MEMBER GUIDELINES

Failure to adhere to the ATD Governing Member Guidelines, Code of Ethics or Policies will jeopardize your membership.

I. The organization:

1. **ATD** is a non-profit, all-volunteer organization. We do not accept monetary reimbursement for any of the services our members provide. Donations are welcome. All requests to use the registered ATD name, logo, or slogan must be submitted in writing to the president. The requestor will be notified in writing whether or not permission is granted. Permission to add the link www.therapydogs.com to a personal website is not needed. Permission to add the logo and link will not be granted to any for-profit websites.
2. **Membership is a privilege**, not a right, granted by the ATD Board of Directors through the various committees appointed to represent and protect the interests and safety of the organization.
3. **Annual review:** Members must pass an annual member review which shows their familiarity with the ATD rules. Renewals will not be finalized until 100% accuracy is achieved.

II. Description of therapy work; requirements for members and dogs:

4. **Members:** Any person, aged 18 or older, may be tested with a dog and apply for membership. Anyone aged 12 through 17 may be tested with a dog to become a junior member.
5. **Dogs:** Any breed or mixed breed of dog, aged one year or older, may be tested with a handler to become a registered therapy dog. For insurance reasons, ATD cannot register wolves or wolf-hybrids or coyotes or coyote-hybrids because the rabies vaccination has not been proven to be effective with these animals.
6. **Handler/Dog teams only:** ATD registers only handler/dog teams. A prospective member or current member testing with a new dog must own or have had a close relationship with the dog for a minimum of three months before testing. ATD does not certify, register or train dogs to be guide dogs, hearing dogs, or any other type of service dogs.
7. **Therapy dog functions, insurance and red heart tag:** ATD provides liability insurance that protects you from claims of others for injury, illness and property damage resulting from therapeutic visitation with your dog. This coverage does not protect you or your dog from injury or illness as a result of participation in this program. Coverage applies to the ATD registered handler/dog team functioning as a therapy dog team at a visit or event such as described below. Members are covered only when ATD is the primary insurance and there is

no other insurance (whether from the facility or another organization) in effect while they are visiting.

If you do not renew by your renewal date on time, either January 1 or July 1, there is no insurance grace period. You will not be covered by insurance on visits until you receive your new membership card.

If a claim is filed on your behalf by ATD and it is determined that you were not following the ATD rules at the time of the incident, you may be required to reimburse ATD for any monies paid out on the claim.

A therapy dog function may include, but is not limited to, making visits at a facility such as a hospital, nursing home, library, school, detention center, hospice care center, etc. Therapy visits can also be for community events such as a parade, educational seminar, dog breed showcase, public educational event, or event promoting or describing ATD. At such an event, if the dog is displaying the red heart ATD tag, the team is representing ATD. Dogs may not wear ATD identification, including the red heart-shaped tag, at any other time. Identification from other independently insured pet therapy organizations is prohibited when representing ATD, including during the ATD testing and registration process.

Members who take their dogs to work with them and/or use them in their jobs, including, but not limited to, teachers, therapists, doctors or psychologists, are not covered by ATD insurance when functioning as employees. During such times, the dog must not display any official ATD identification.

8. Service dogs and two dogs on visits:

If a member has a therapy dog that is also the member's service dog, official ATD therapy dog identification should not be displayed while the service dog is assisting the member in restaurants, stores, flights etc., and is not acting as a therapy dog. ATD is not liable for damages caused by the handler's use of medical equipment during visits including, but not limited to, wheelchairs, electric chairs, scooters, walkers, canes or crutches.

Handlers who want to take their therapy dogs into places that normally allow only service dogs **MUST** explain that their dogs are therapy dogs, not service dogs, **AND** that they do not have legal access rights like service dogs.

ATD does not allow members to handle two dogs at the same time on an ATD visit, including a service dog and a therapy dog. The only exception for a two-dog team is for a special event, such as a parade or public event, and this must be approved by the Alternative Review Committee.

9. Junior handler requirements: The minimum age requirement for regular ATD membership is 18. When permitted by the facility, a prospective junior member/handler, aged 12 through 17, may accompany a T/O on one visit before being tested.

The junior member/handler must be accompanied at all times by a regular ATD member, with or without a dog, **and** a parent/guardian during testing and on all visits. If the

parent/guardian is also an ATD member, s/he may not bring an additional dog but may handle the junior's dog if also registered with that dog. The parent/guardian and ATD member supervising a junior team may supervise only one team at a time. Upon reaching the age of 18, the handler is required to contact the office and sign a release of claims for the ATD member files.

III. Visits:

10. **Starting a visit:** The visit or event begins as soon as you reach the facility property, including the parking lot. The visit does not end until you leave the facility property.
11. **Items required on visits:** Handlers must carry a current membership card, and dogs must wear the official red heart-shaped ATD identification tag on the collar, harness, vest or leash when representing ATD on visits or at events. Members must have written proof of their dog's vaccinations readily available at each visit, either carried with them, or in the car and available upon request.
12. **Behavior of dogs:** Dogs must remain under control at all times. Any inappropriate behaviors must be quickly and quietly corrected: barks should be quieted; and jumping/pawing dogs should be quickly moved away while apologizing and checking to see if the person is OK. If not quickly corrected, the team must leave the property.
13. **Ask before entering:** Always ask before bringing your dog up to a person for visiting. If you are entering a room, make sure everyone in the room wishes to have the dog visit. If one person does **not** want a visit, ask that person if it is OK to visit with others in the room. If not, do not enter the room.
14. **Frequency of visits:** ATD requires a minimum of one visit every three months per handler/dog team. If a team fails to make these four visits in one year, they must be observed at least one time by an ATD T/O.
15. **Guests on visits:** Anyone accompanying an ATD registered team on a visit (e.g., family member, spouse, friend) must not require assistance from the handler and must be at least 18 years old. Facilities must give permission for all visitors.
16. **Facility regulations:** Therapy dog teams must strictly adhere to all rules and regulations in each facility. If these rules are unclear, ask a staff member or activities director to explain them. ATD members will not provide chemical substances or apply them to their dog unless authorized or provided by the facility. Substances include, but are not limited to, hand sanitizers, hand wipes or lotions.

Do not give food, water, or assistance to a patient or resident, even if asked. Notify a staff member if help is needed.

Read and obey all warning signs on room doors, such as "ISOLATION" or "INFECTIOUS, DO NOT ENTER." Handlers must stay alert to their surroundings at all times. If any facility rules conflict directly with ATD, please contact the ATD office.

17. **Walking the dog in a facility:** Dogs may not precede handlers down halls, around corners, at doorways or at stairways. Stand back while waiting for an elevator door to open. When the door opens, wait to assure safe exit of passengers. If the elevator is occupied, the handler must ask permission to enter with the dog.
18. **Cellphones:** Member/handlers must not make or receive calls or text messages using a cellphone inside a facility. Pagers and cellphones must be set on silent or vibrate while inside a facility. If the use of a phone becomes necessary, handlers must excuse themselves temporarily and complete the call outside the facility.

IV. Health Requirements:

19. **Dog health requirements:** Dogs must have an annual wellness examination, including a fecal check, by a veterinarian. They must be current on their rabies vaccination and any other vaccines as advised by their veterinarian. Veterinary reports of titer levels of 0.5 IU or greater are acceptable and must be measured every two years to ensure levels are acceptable. Maternity leave is required for pregnant bitches from 30 days prior to whelping date to 60 days after whelping. Bitches in season will not participate in therapy visits. Dogs who have any fresh wounds, recent surgery, injuries or infections may not do pet therapy visits until recovered and healed. Dogs must also be free of any drugs or substances that might affect performance.
20. **Registered dog developing disabilities and/or stress:** The member/handler must notify the ATD office if the dog has developed any disability since the initial testing, or shows signs of physical and/or mental distress during visits. The handler/dog team will need to be retested with one observation before continuing any visits.
21. **Handler health requirements and developing medical issues:** Handlers who have any fresh wounds, recent surgery, other injuries, infections or any condition which may inhibit their ability to handle the dog safely, may not do pet therapy visits until recovered and healed. Any member/handler who has had any change in medical condition since initial testing, even if temporary, that may impede their ability to safely handle their dog, including but not limited to: stroke, broken limb, weakened strength, change in disability, change in mental or emotional condition etc., must notify the ATD office and may need to be retested and/or observed before continuing any visits.

V. Grooming Requirements

22. **Dog grooming requirements:** Participating dogs must be clean and well groomed, have trimmed/filed nails, clean teeth, be free of internal and external parasites, and in good general health. If used, topical flea and tick preventative must be applied a minimum of three days prior to any pet therapy visits. Flea and tick prevention collars shall not be worn during ATD visits.
23. **Handler grooming requirements:** While participating in therapy visits, handlers must be clean, well groomed, and without influence of alcohol and/or drugs that would impair safety or judgment. Handlers must be able to act quickly enough to remove themselves and their dogs without assistance from a facility in the event of an emergency. All visited facilities

must be informed of any medical conditions that would affect the team's ability to perform volunteer duties.

VI. Attire and Equipment

- 24. Handler attire:** Skimpy or tight-fitting attire including short shorts, tank tops and bare midriffs are not allowed. Wear sensible, safe walking shoes with backs or at least a strap around the heel (no flip-flops, high heels, spike heels or shoes without backs).
- 25. Dog equipment:** **Equipment that is not allowed includes clickers, retractable, elastic/bungee or chain leashes, pinch, prong, spiked or electronic collars.** Collars, including slip, buckle, quick release, martingale, limited slip or any other smooth collars made of chain, nylon or leather, are acceptable. 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. Leashes may not be tied or folded to make them 4 feet in length or shorter after the handling test and first observation are completed. 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. Head halters and body halters/harnesses made of fabric webbing or leather with metal or plastic buckles are acceptable. Body halters/harnesses fastened with Velcro[®] or metal clothing snaps are not allowed. 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.
- 26. Dog strollers:** All strollers must be made specifically for dogs. ATD members who wish to use a stroller for an already registered dog must have a T/O perform the handling portion of the test and observe them one time with their dog in the stroller. All handlers, including existing ATD members, must submit the test and observation forms to the office along with a picture showing that the dog is wearing an approved collar and on a 4-foot or shorter leash held by the handler while secured in the stroller.

VII. Safety precautions:

- 27. Two-foot rule:** Two foot rule: Dogs must be kept at least 2 feet from other dogs and animals at all times while representing ATD on a visit or event to discourage play, to ensure that dogs have enough personal space for focusing on the person being visited, and to prevent any interaction between dogs that could possibly lead to an injury to a third party, the handlers or their dogs. If a dog prefers more than 2 feet, the handler should be sure to provide for the dog's needs. **If members choose to take group photos with dogs posed less than two feet apart, they will be done at the members' own risk, and the facility must be notified that ATD insurance is not in effect.**
- 28. Your dog is your first priority:** While participating on an official ATD visit, 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.

29. **Stay alert:** ATD handlers must be alert to their surroundings at all times. Handlers may not participate in activities that take their attention from their dogs, including, but not limited to, reading to a group, directing bingo or playing a piano.
30. **Only handlers may handle their dogs:** Handlers must never leave their dogs alone with staff, patients or visitors. 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 and may not be hooked or attached to the member's body, belt, any chair, wall, purse or other person, etc.
31. **Dogs off leash/others leash walking handler's dog:** If safe conditions exist, a dog may be taken off leash when performing tricks, demonstrations, and when assisting with therapy such as retrieving. Only one dog at a time may be off leash. Dogs may no longer be off leash when posing for photos while on a visit. If one additional person wants to walk the dog, the handler may use two leashes or a two-loop leash with the handler always holding the shorter leash or loop so that the handler always maintains control of the dog.
32. **Dogs on furniture:** The ATD member/handler must know and strictly adhere to the facility policy concerning dogs on any furniture. This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds or physical therapy beds/pads.
 - If the facility policy allows, and permission from the patient/guardian is given, ATD allows dogs weighing 15 pounds or less to be placed in laps and dogs weighing 50 pounds or less to be placed onto occupied beds. Dogs weighing more than 50 pounds may never be placed onto occupied beds.
 - When space allows, dogs of any size may be lifted and safely placed by the handler onto occupied furniture such as a couch or love seat.
 - Therapy dogs are not allowed onto any occupied bed, chair or wheelchair unless that practice is allowed by the facility and the resident/patient has given permission. Only with this permission may the handler lift the dog onto and remove it from the occupied bed, chair or locked wheelchair without injury to the resident/patient.
 - Teams should use clean linens on the patient's/resident's lap or bed, either provided by the facility or a covering brought along.
 - The handler must control the dog's head while in this position.
 - For safety reasons, ATD will allow only one dog at a time on any occupied furniture as described above.
 - Be cautious around patients who might have existing or recent injuries or surgery with regard to placement of the dog so as to not cause an injury with the dog's feet or body weight. Always ask if the person has a sore spot or if there is an area that

you should avoid when placing the dog.

- Remember to watch for tubes, lines and other medical equipment.

VIII. Special permission:

33. Special permission: It is ATD policy not to grant exceptions to the rules due to safety and insurance reasons. For example, two dogs with one handler are never allowed on any visit or reading program while representing ATD.

ATD sometimes grants special permission for certain circumstances. Members may apply to the Alternative Review Committee by submitting a cover letter explaining the reason for their request. If the request involves special equipment, such as a dog carrier or cart, a picture of the dog with the equipment is required. Certain requests may also require letters of reference from someone directly involved or those who will need to be aware of these situations (e.g. a facility, hospital, school, etc.) Obtain the appropriate information from the ATD office.

Special permission might be granted for the following:

- One handler handling more than one dog during a public relations event such as a parade (maximum of two dogs through special permission approval)
- Two or more dogs participating in a trick, demonstration or presentation
- Special equipment or devices, such as carts and dog carriers, etc.

If a handler chooses to engage in a behavior/activity that is outside of these guidelines without permission, the handler must remove the dog's official ATD red-heart shaped tag and notify a facility supervisor that ATD insurance is not in effect for the duration of the behavior/activity.

IX. Legal issues:

34. Privacy: Observe all rules of privacy and confidentiality as required by HIPAA. Never discuss a patient's health or personal issues with the patient or anyone else.

35. Photos may not be taken without prior written permission of the subject (or guardian). Members must use an ATD Photo Authorization form for any submission to ATD-owned publications or social media.

36. Expenses and taxes: ATD members may not provide information regarding whether expenses resulting from volunteer activities are tax deductible. Anyone having questions about whether certain expenses are tax deductible should be told to seek the advice of their tax preparer or the Internal Revenue Service, not other ATD members, the board of directors or the ATD office.

37. Incident or Injury: If an incident or injury to an employee, resident or visitor in the facility occurs while representing ATD:

- Immediately contact the facility's supervisor on duty.
- If the incident is a suspected bite, end the visit immediately.
- Document the incident on all required forms for the facility.
- Immediately contact the ATD office and report the incident. If after hours or during a weekend please leave a voice message and make contact with the ATD office during the next business day.

38. Suspected dog bite: Regardless of whether they are on an ATD visit or not, if a registered dog is suspected of a dog bite, whether to another dog or to a person, the incident must be reported to the ATD office. The dog shall not participate in any pet therapy work until the bite incident is investigated by ATD.

39. Felonies: If a member has been convicted of a felony that has not been previously reported to the ATD office, s/he must do so.

IX. In Conclusion:

ATD reserves the right to deny, revoke or not renew membership. At the discretion of the ATD Board of Directors, a handler/dog team may be asked to temporarily or permanently refrain from further visits under the name of ATD if they fail to comply strictly with these Rules and Regulations (or) as provided by Article III Section 4 of the ATD By-Laws. Should this action be necessary, the handler will be requested to return the official red heart-shaped ATD identification tag and membership card to the ATD office.

Alliance of Therapy Dogs

GENERAL INFORMATION

The Beginning: Jack and Ann Butrick of Cheyenne, Wyoming, founded Therapy Dogs Incorporated in 1990. Since then, it has grown into an organization of more than 15,000 members in the United States and its territories, Canada and Puerto Rico.

In 2014: At the annual board meeting, the Therapy Dogs Inc. Board of Directors discussed and voted to change the name of the organization. The goal was to choose a name that reflects the unique qualities of the organization known to be people-friendly, easily accessible, with high standards of behavior and a code of ethics for both handlers and dogs. A new name campaign was initiated for members to submit suggestions and the board chose Alliance of Therapy Dogs. A definition of “alliance” is: a pact, coalition or friendship between two or more parties, made in order to advance common goals and to secure common interests. The board felt that this best exemplifies our slogan of “Sharing Smiles and Joy.”

The Purpose: It is the purpose of ATD to provide **registration**, support and insurance for members who are involved in volunteer animal-assisted interactions, or AAI, the term currently and most widely used to describe the whole spectrum of possibilities for animals working with people to enhance their experiences. Under this umbrella, there are two principal types of AAI: animal-assisted activity (AAA) and animal-assisted therapy (AAT). AAI is defined as any therapeutic intervention that intentionally includes or incorporates animals as part of the therapeutic process or environment. These activities include, but are not limited to, visits to hospitals, special needs centers, schools and nursing homes.

The Objective: Our objective is to form a network of caring individuals who are willing to share their special dogs to bring happiness and cheer to people, young and old alike. ATD is a therapy dog registry; it screens potential teams to be registered after they have met certain requirements and passed specific criteria.

About our registered teams: ATD tests and registers handler/dog teams. A prospective member or current member testing with a new dog must own or have had a close relationship with the dog for a minimum of three months before testing. For insurance reasons, ATD cannot register wolves, wolf-hybrids, coyotes or coyote-hybrids. There is no perfect breed or mix of breeds for therapy work. As long as the dog is more than 1 year of age, healthy, well-mannered and enjoys human contact, s/he will make a good therapy dog. Knowing tricks is not required, but many members have taught their dogs special tricks such as “shake” and “speak” as conversation starters. Obedience routines are helpful and serve the same purpose, while conformation dogs are often very good at standing still for petting. Each handler/dog team is unique and offers wonderful opportunities for therapeutic contact.

| ATD does not allow any member to handle a two-dog team, including service dogs, on ATD visits.

Therapy dogs, NOT service dogs: Dogs registered with ATD are called “therapy dogs” because they provide a therapeutic benefit to the general public. They are not eligible for public access rights. Therapy dogs are not service dogs.

Handlers shall not misrepresent ATD-registered dogs as service dogs unless the animal does assist the handler as defined in the Americans with Disabilities Act. If a member has a service dog, official Alliance of Therapy Dog identification should not be displayed while the service dog is working for the member in restaurants, stores, on flights, etc.

Handlers who want to take their therapy dogs into places that normally allow only service dogs MUST explain that their dogs are therapy dogs, not service dogs, AND that they do not have legal access rights like service dogs.

For more information regarding service dogs please see:

Assistance Dogs International, Inc. <http://www.assistancedogsinternational.org/index.php>

International Association of Assistance Dog Partners (IAADP) <http://iaadp.org/>

U.S. Department of Justice, Civil Rights Division, Disability Rights Section
(http://www.ada.gov/service_animals_2010.htm)

HELPFUL HINTS & TIPS

1. **Is it a good fit?** If possible, it's a good idea for an interested applicant to observe an ATD handler/dog team during a facility visit before undergoing the ATD Test. This is an opportunity for applicants to get an idea of what the facilities are like and to better evaluate if this will be a positive experience for their dogs and for them. It might be helpful to discuss with the T/O which locations might be best suited for you at your current level of experience.
2. **Proof of good health and vaccinations:** Remember to take written proof of the dog's vaccination records to have them readily available at each visit, either in the car or on your person. Some facilities will ask to see and make a copy of such papers for their own records. It is not only handy, but rather impressive, when you can hand them a neat, tidy and organized notebook or envelope. Staff will appreciate that you clearly have your act together, making you and your dog a welcomed volunteer team.
3. **Self and dog health check:** Handlers should evaluate their dogs' health and attitude, as well as their own, prior to every visit.
4. **Olfactory sensitivity:** Avoid using perfumes, colognes and other scented oils on both the handler and the dog. Handlers want to look and smell their best when taking their dogs to visit, but it is also important to remember some individuals may have severe allergies to these products. Handlers who smoke or are exposed to smokers should minimize their smoke exposure before entering a facility. Never try to cover smoke or other odors with perfume or scented oils. Therapy dog teams are the visitors and must be cognizant of the comfort of those being visited.
5. **Dogs allowed? No dogs allowed?** While visiting with your dog in a facility, know the areas where you and your dog are allowed and welcomed. Always check in at the nurse's station so everyone is aware of you and your special therapy dog.
6. **Doggy accidents:** Always clean up after your dog, both inside and outside of the facility. Ask where there is a safe, outside location in which you may walk or rest your dog. Never leave any traces of your dog after a visit.
7. **Different flooring:** ATD strongly recommends that your dog become accustomed to walking on a variety of different surfaces. Always consider the footing before asking your dog to perform tricks or moves.
8. **Shhhhh – and smile:** Give your verbal commands quietly. Always praise your dog for his/her exemplary behavior.
9. **Water for your dog:** Keep your dog well hydrated. Bring water and bowl. Folding fabric or plastic bowls are perfect for taking along on visits.
10. **Dog treats:** Although treats are often used during visits, ATD advises against allowing patients or residents to give treats to your dog. Many different types of dog treats are available today. ATD advises against the use of dog treats that contain peanuts due to the risk that these treats might pose to people with peanut allergies.

- 11.Expect encounters with other dogs and animals:** Be aware that some facilities have their own pets or may allow visiting family pets. Residents may have their own pets as well. These animals may not behave in the same manner as a therapy dog. You may want to find out if there is a visiting time set aside for family pets and try to avoid visiting during that time.
- 12.Respect the dog's space:** Do not let your dog stare (even from a distance) at another dog as this can be a threatening signal to other dogs. Never allow your dog to approach a person's lap or bed when another dog is already there. Take extra precautions in doorways, elevators or any tight confined areas.
- 13.Face-to-face:** Use extreme caution when your dog's face is in close proximity to a human's, and avoid this if possible.
- 14.How is your dog really feeling?** 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
- 15.Dogs need holidays, too:** Taking a few weeks off may be well deserved and can make a difference in the quality of future visits.
- 16.Dogs can say "no:"** Never force your dog to interact with a patient or any patient to interact with your dog. This should be a pleasant experience for you, your dog, and the patient or resident.
- 17.Visiting a room:** Always knock first before entering a patient's room. Ask if s/he would like a visit from your special dog. Never awaken sleeping patients. If the patient is having a meal in the room and wants to visit, excuse yourself and offer to return when s/he has finished the meal.
- 18.Warning signs:** Read and obey all warning signs on room doors, such as "ISOLATION" or "INFECTIOUS, DO NOT ENTER," or "SEE NURSE BEFORE ENTERING." This is important for the patient, your dog and you.
- 19.What's on the floor?** Be aware of pills, food or other items on the floor. It is a good idea not to let your dog pick up or even sniff anything, including a treat that has been dropped on the floor. Keep your dog away from trash containers. A good command to teach your dog is "Leave it!" Avoid areas where cleaning chemicals were recently used.
- 20.Doggy paws and licks:** Always try to hold or guide a resident's exuberant and/or clumsy hand toward your dog for petting as reassurance for both your dog and the person. Remember to hold your dog's paws so the nails do not touch the fragile skin of a patient or resident. If your dog gives

kisses, be aware that not all patients, residents or staff like dog kisses. Watch for the patient who will grab ears, the tail, or the leash. Be ready to protect your dog.

- 21. Wheelchair safety:** Be sure all wheelchair wheels are locked before you bring your dog up to them. You may find it easier to approach someone in a wheelchair from the side.
- 22. Facility's rules:** Be sure you are familiar with all rules and regulations in each facility. If these rules are unclear, ask a staff member or activities director to explain them to you. Ask for a copy of the facility's required protocol for volunteers. Some facilities may have their own pet therapy program and their own testing procedures that are required before you may participate in their program.
- 23. What if YOU have an emergency?!** Emergencies happen when we least expect them. Remember, dogs are not allowed in ambulances. You need a plan. Just as you have ICE (In Case of Emergency) numbers in your cellphone, also program in an "ICE for Dog." Whether or not you carry a cellphone, you can keep your dog emergency numbers on a card in your wallet next to your ATD membership card, or with any facility's ID badge that you wear. Be sure others are aware of this and include your vet's number. Without this information, should you suffer an emergency, the institution may have no other choice than to call animal control to come and care for your dog. Be prepared!

We hope you have found these Hints and Tips helpful in your visits with your special dog. May you find endless happiness in every step you take and in everything you do.

“SHARING SMILES AND JOY” Alliance of Therapy Dogs

ALLIANCE OF THERAPY DOGS

2017 MEMBERSHIP APPLICATION

THIS APPLICATION MUST BE RECEIVED WITHIN SIX MONTHS FROM THE DATE OF THE TEST

TYPE OR PRINT LEGIBLY IN INK

*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP

Membership classification and fees. (Check all applicable)

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

Form with fields: *Full Legal 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

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

- ATD DOCUMENTS: This completed application AND Signed Release of Claims Form AND Completed ATD Test AND Fees AND Signed Rules Review Form
PROOF OF DOG'S HEALTH: Completed Health Verification Form OR Proof of current rabies vaccination or proof of rabies titer level greater than or equal to 0.5IU within 2 years AND Proof of annual veterinary wellness exam within 12 months AND Proof of negative fecal within 12 months

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 visit every three months with my dog.

APPLICANT SIGNATURE _____ *Date _____

*Age of Applicant (if minor) _____

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

Send to: Alliance of Therapy Dogs, P.O. Box 20227, Cheyenne, WY 82003
Overnight/Express: 1919 Morrie Ave., Cheyenne, WY 82001
Phone: 877-843-7364
Email: office@therapydogs.com
Website: www.therapydogs.com



New Member Health Verification Form

Questions: 1-877-843-7364 or office@therapydogs.com

Please complete this form prior to arriving at the handling portion of the test. Alternatively, you may provide veterinarian proof of all required records. This form OR veterinarian proof of all required records must be submitted with your complete application packet for membership.

Handler/Prospective Member Name: _____

Ph# _____ Email _____

Dog's Name _____

Date of annual physical exam _____

Date of current negative fecal exam _____

Date of current rabies vaccination _____ 1 year 3 year

OR Rabies titer _____ titer level _____ (within the last 2 years)

Veterinarian Name _____

Veterinarian Address _____

Veterinarian City, State, Zip _____

Veterinarian Phone _____

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 of the annual physical exam listed above.

Required Veterinarian Signature/Clinic Stamp

Date

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 Alliance of Therapy Dogs to teach me safety rules, and it is not the function of the organization 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 Alliance of Therapy Dogs Test and any subsequent visits that are required prior to being granted membership, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs from any liability.

In consideration of being given the opportunity to apply for membership in Alliance of Therapy Dogs, 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 or the dog I am handling, whether foreseen or unforeseen, during the performance of these activities, and furthermore save and hold harmless Alliance of Therapy Dogs and persons from any claim by me or my family or any other party arising out of my participation in this activity.

Further, I understand and guarantee that while I am participating as an Alliance of Therapy Dogs member, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs officers, directors, members, agents or employees from any liability. I also understand and agree that Alliance of Therapy Dogs may not be held liable in any way for any occurrence in connection with said activities that may result in injury, death or damages to me, my dog or my family. I shall indemnify Alliance of Therapy Dogs for any damages incurred by Alliance of Therapy Dogs resulting from any harm, injury, illness, death, or other damage to the dog I am handling while on Alliance of Therapy Dogs visits. Furthermore, I certify that I am solely responsible for any harm, injury, illness, death, or other damage that may occur to the dog I am handling while on Alliance of Therapy Dogs visits.

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.

I have executed this affirmation and release on:

Date: _____

Have you ever been convicted of a felony? Yes ___ No ___
To your knowledge, has this dog ever bitten a person? Yes ___ (Date of bite _____) No ___

If yes to either question, the **membership process must cease** pending a background check or investigation.

Are you the owner of this dog? Yes ___ No ___

Prospective Member

Applicant Signature

Print Full Legal Name

Date of Birth

Address

City State Zip Code

Signature of Parent or Legal Guardian (If applicable)

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 should you do when your dog is placed on a patient's bed for petting? What part of the body must you be sure to control?
2. You have to use the rest room. What do you do with your dog?
3. What do you do if your dog accidentally paws and scratches a patient? Whom do you notify?
4. What is the "2-foot" rule and why is it important?
5. When does a visit begin and end?
6. What must members carry with them when they 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 _____

2017 ALLIANCE OF THERAPY DOGS TEST

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

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

How did you hear about Alliance of Therapy Dogs?

Website
 Facebook
 Media
 Current/Former Member
 Experience a visiting team

Is this dog considered your service dog? Yes No

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

If tested before, please indicate the approximate previous testing date(s):

**The ATD 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 of current rabies vaccination OR a current titer level of greater than or equal to 0.5 IU within the past 2 years AND
 Proof of negative fecal within 12 months AND
 Proof of vet exam within 12 months OR
 Completed Health Verification Form

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

Handling Test Sections 1 - 9

1. Handler's attention to instructions: Handler arrived at testing appointment with the following required items:

| | | |
|------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Did the handler bring an approved collar or harness 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 for poor 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

| | | | | |
|--------------------------------------------------|-------------------------------|-------------------------------|-----------------------------|-----------------------------|
| Small dog held 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 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 | | |
| Team going up to a seated person for petting* ** | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Was any sign of aggression demonstrated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Did the handler correct the dog if needed? | <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:

| | | | | |
|--------------------------------------------------|-------------------------------------|---------------------------------------|--|-----------------------------|
| Small dog held, lifted or carried for testing* | <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 | |
| Small dog held, lifted or carried for testing* | <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. | | | |
| Small 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 | |
| Did the handler correct the dog if needed? | <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 test? | | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Comments: | <input type="checkbox"/> PASS | <input type="checkbox"/> FAIL | |

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

Observation Sections 10 – 13

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**

| | | | |
|-----|-----------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|
| 10. | Type of facility used for observation | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| | Was the small dog's behavior acceptable when held 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 test? | | <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 (If yes, list improvement needed in comments below). | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Observation: | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| | OBSERVER SIGNATURE _____ | Date _____ | |
| | OBSERVER NAME (print) _____ | | |
| | Comments: | | |

| | | | |
|-----|-----------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|
| 11. | Type of facility used for observation | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| | Was the small dog's behavior acceptable when held 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 test? | | <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 (If yes, list improvement needed in comments below). | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Observation: | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| | OBSERVER SIGNATURE _____ | Date _____ | |
| | OBSERVER NAME (print) _____ | | |
| | Comments: | | |

| | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|
| 12. | Type of facility used for observation | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| | Was the small dog's behavior acceptable when held 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 test? | | <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: | | | |
| 13. | (4th observation if needed) Type of facility used for observation | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |
| | Was the small dog's behavior acceptable when held 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 test? | | <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: | | | |