

**2011 APPLICATION FOR MEMBERSHIP THERAPY DOGS INCORPORATED**

**TYPE OR PRINT LEGIBLY USING BLACK INK**

**\*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP**

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

**\*You must attach a copy of proof of rabies vaccination\***

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

**New member processing fee \$10**

**Single \$30** -- one handler, one dog

\$10 each additional evaluated member in the same household

**Minimum age for membership is 16 years**

**\*MEMBERSHIP check applicable entries:** New Member \_\_\_ Single \_\_\_ Additional Member/Handler \_\_\_\_\_  
Existing Member (adding new dog) \_\_\_\_\_ Member ID# \_\_\_\_\_

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

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

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

**\*Phone (\_\_\_\_)** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**\*Dog's Call Name** \_\_\_\_\_ **\*Breed or Mix type** \_\_\_\_\_

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

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

**APPLICANT**

**\*SIGNATURE** \_\_\_\_\_ **\*Date** \_\_\_\_\_

**\*Age of Applicant (if minor)** \_\_\_\_\_

**\*Signature of Parent/Guardian if applicable** \_\_\_\_\_

**\*\*\*\*\*REQUIRED\*\*\*\*\***

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

**\*Veterinarian or clinic (signature or stamp)\***

\* \_\_\_\_\_ \* Date \_\_\_\_\_

NO ELECTRONIC CHECKS OR EFT'S WILL BE ACCEPTED

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

**P.O. BOX 20227 CHEYENNE, WYOMING 82003 Phone: 1-877-843-7364**

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

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

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