Pawsitive Changes Therapy Dogs, Inc

APPLICATION FOR ENROLLMENT

Cost of class is $250.00 for 1 Handler/1 Dog --- $350.00 2 Handlers/1 Dog

Costs of class includes: Dogs Vest

1 year liability insurance for handler

I.D badges for both handler and dog

PCTD logo shirt

There are three phases to being accepted into Pawsitive Changes Therapy Dog’s training program.

1. Complete the Application along with required documentation
2. In-person evaluation of you and your dog
3. Acceptance letter into the training program

Please answer each question in its entirety and attach any required documentation. Incomplete Applications will be disregarded.

Once we have your completed Application and the criteria is met, our team of instructors and evaluators will contact you for an in-person evaluation.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dog’s Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex/Altered:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you hear about Pawsitive Changes Therapy Dogs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your preference of places to Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Are you currently a member of another therapy dog organization? Y:\_\_\_\_\_\_\_ N: \_\_\_\_\_\_\_
4. If yes to #1, which group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Have you previously been involved with a Therapy Dog Organization: Y:\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_
6. If yes to #3 Name of Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long ago:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Do you have a valid Driver’s License: Y:\_\_\_\_\_ N:\_\_\_\_\_\_\_

8. Is your auto insurance current: Y:\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_

9. Have you ever been charged and convicted of a felony? Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_

If yes: State of conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Conviction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CANINE INFORMATION**

1. Have you completed any prior obedience classes: Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_

If yes: Name of Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately How many classes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last class taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive a completion Certificate: Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_\_\_

2. Have you completed any web based obedience training: Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_

If yes: Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately How many classes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last class taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you receive a completion Certificate: Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_\_\_

1. How long have you had your dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where did you adopt/purchase your dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Has the dog every bitten? Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_\_\_

If yes, please explain the circumstances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Is your dog reactive towards other dogs? Y:\_\_\_\_\_\_ N:\_\_\_\_\_\_\_

If yes, please explain the behavior:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Is your dog reactive towards other people: Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_\_

If yes, please explain the behavior:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Has your dog been exposed to the following: Please indicated with a X

Children:Seniors: Teens: People in uniform:

Loud Alarms: Rotating Doors: Auto Sliding Doors:

Elevators: Stairs: Wheel Chairs: Walkers:

Gurnee’s:

9. Do you own more than one dog? Y:\_\_\_\_\_\_\_ N:\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes: is your intent to certify other household dogs? Y:\_\_\_\_\_ N:\_\_\_\_\_\_\_\_

Please explain why you want to become a certified Therapy dog team\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please email your completed application to** [**pawsitivechangestd@gmail.com**](mailto:pawsitivechangestd@gmail.com)**.**

**Along with a copy of:**

1. Your valid county dog license
2. Most recent vaccine records

NEXT STEPS:

1. Your application will be reviewed and one of our trainers will contact you to schedule an evaluation of your dog. This is typically conducted at a mutually agreed upon location such as, Home Depot, Bass Pro, Lowes, ect.
2. Your evaluation report will be submitted to the lead trainer and you will receive either an acceptance letter with further instructions or a phone call from one of our trainers to discuss what potential areas that need more focus work before being accepted into the program.

**A BACK GROUND CHECK WILL BE CONDUCTED ON ALL ACCEPTED APPLICANTS PRIOR TO STARTING CLASS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent to a background check

(Print name)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Consent to a background check

(Print name)

PCTD Handler Acknowledgement: When working with my dog in a team capacity:

I will not be under the influence of drugs or alcohol.

I will not smoke while on a visit.

I will not take money, gift cards or any other form of compensation for visits.

I will forward all monetary gifts whether cash or check to PCTD.

I will dress appropriately & dog will be clean and wear vest.

I will carry copies of our current insurance papers, shot records to each visit

I understand and agree that I will not make any visits with y dog representing PCTD until certification is complete.

I will not make/receive/ text while on a visit.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature