



WMTD – By-Mail Prescreen Registration Form

FOR OFFICE USE ONLY

Date Rec'd _____

Cash/Ck# _____

Prescreen date _____

Handler Name: _____

Address:

Contact Phone:

Email:

What is your Dog's Name? _____

What is your dogs breed? _____

What is your dog's date of birth (or date you celebrate if actual date of birth is unknown) _____

Approximate weight of dog, for Therapy class bandana: _____

Does your dog have its Canine Good Citizen Certificate (CGC)? – Yes _____ No _____

Do you have a family member that would also like to participate? Yes _____ No _____

If yes, is he/she a child? Yes _____ No _____ (Must be ages 10 or older and only 2 handlers per class)

Name of additional handler and relationship to you:

Please enter date dog's next rabies vaccination due: _____

Have you worked with your dog for six months by the time of the test date? Yes _____ No _____

Has this dog been trained for protection or has been encouraged to bite even as a component of a working task or in a competition? Yes _____ No _____

Dogs trained for protection encouraged to bite even as a component of a working task or in competition such as Schutzhund are excluded from WMTD classes and membership.

Is this dog fed a diet of raw protein foods/Biologically Appropriate Raw Foods (BARF) Diet?

Yes _____ No _____

In compliance with the American Veterinary Medical Association's recommendations, as of 6/1/2008, dogs that are fed a raw protein diet (including BARF diets) are no longer eligible for WMTD registration.

Has your dog undergone previous Service Dog training? Yes _____ No _____

Therapy Dogs are well trained pets and are not the equivalent of Service Dogs. If your pet is a retired service dog or has past service dog training, you need to verify with the service dog organization that it is now allowed to go through therapy dog training.

How did you hear about West Michigan Therapy Dogs?

Please let us know if you are a current or past member.

Please mail your \$30 check and this form to: West Michigan Therapy Dogs, Inc.
PO Box 2533
Grand Rapids, MI 49501-2533

Once payment and form are received, the WMTD Office will contact you to set up your prescreen timeslot.

