West Michigan
Therapy Dogs, Inc.

Prescreen Registration Form

Handler Name: _____

Address:_____

Phone Number: _____ Email: _____

Dog's Name and breed: _____

Dog's date of birth or estimate: _____ Dog's Weight: _____

Does your dog have its Canine Good Citizen Certificate (CGC)? Yes_____No_____

Will there be a junior handler participating? (Must be **16** years or older; only 2 handlers per class) Yes _____No_____ Their age: _____

Their name and relation to you: _____

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

Has your dog lived with you for 6 months? Yes _____ No_____

Has your dog been protection or bite trained Yes _____ No_____

Is your dog fed a raw or BARF Diet? Yes _____ No _____

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

Do you plan to bring your dog to your job while working? Yes_____No_____

How did you hear about West Michigan Therapy Dogs? _____

Are you a current or previous member? Yes _____ No _____

Registration Payment: $30

To pay via card or PayPal click here.

To pay via check, mail your $30 check to:
West Michigan Therapy Dogs, Inc.,
PO Box 2533 Grand Rapids, MI 49501-2533

Once your form has been mailed or emailed to office@wmtd.org and payment has been sent, we will contact you to set up your prescreen test.

FOR OFFICE USE ONLY

Date Rec'd _____ Cash/Ck# _____Prescreen date _____