

West Tennessee Therapy Dogs



Membership Application

*This form is for all new handlers joining the club,
as well as for current club members adding another dog to
their membership.*

Handler Name: _____ Date of Application: ____/____/____

Address: _____ City: _____

Home Phone: (____) _____ - _____ State: _____ Zip: _____

Cell Phone: (____) _____ - _____ E-mail: _____

Dog's Name: _____ Gender: M F DOB: ____/____/____

Breed _____ Neutered/Spayed: Yes No

The West Tennessee Therapy Dog's annual membership fee is **\$20**. By payment of the Membership Fee, I agree to abide by all guidelines and procedures, including the Annual Requirements of the West Tennessee Therapy Dogs for both dog and handler. (Please include membership fee with this form.)

➤ **I am a current member of the club and am adding this dog to my membership.** Yes No

(No additional fee required.) ATD (TDInc) Membership number: _____

Please let us know more about you and your dog:

1. Where and when did you acquire your dog?

Date acquired: ____/____/____ Age when acquired: _____

From: Breeder _____ Shelter/Rescue _____ Other: _____

2. What training methods do you use with this dog? _____

Membership Fee (\$20) received by: _____ Cash Check # _____

3. Has your dog had professional training (private or classroom)? Yes No

4. If yes, briefly list training facility/trainer's name and level of training achieved:

5. If your dog has a Canine Good Citizen (CGC) certification please indicate date / place acquired:

Date: ____/____/____ Who/Where Tested: _____

6. Is your dog registered with any of the following organizations? (Circle)

Therapy Dogs Int'l.	Yes	No	Pet Partners	Yes	No
Alliance of Therapy Dogs	Yes	No	Other	Yes	No

If so, how long have you been doing therapy work? _____

In general, approximately how many visits have you made with your dog and what types of facilities

Have you visited? _____

7. Is there a specific group or individual that you and your dog enjoy more? Yes No
(Circle all that apply:)

Age Group:

Seniors
Adults
Teenagers
Children
Babies

Facilities:

Nursing Homes Hospitals
Memory Care Veterans
Libraries/Schools Airport
Special Events
Other: _____

Signature: _____

Date: ____/____/____

Welcome, we're glad to have you!

Mail completed application to: **WTTD**
6620 Quail Point Circle N.
Memphis, TN 38120