

Caring Canines Therapy Dog Club of Southern Vermont

Application for Membership

Regular Member (\$25.00) Household Membership (\$40.00) Supporting Member (\$15.00)
Annual dues will be collected upon successful completion of dog/handler evaluation.

Name: _____

Address: _____

City / State/ Zip : _____

Telephone: _____ Fax: _____

E-Mail: _____ Breed of Dog: _____

Name: _____ Date of Birth: _____

Sex: _____ Color: _____

Number of Dogs in the household _____ Is your dog spayed / neutered? Yes No

In order to help us better understand you and your dog, please complete as much of the information below as you are comfortable with. If not applicable, please indicate with 'NA'

How did you become aware of Caring Canines? _____

List other clubs to which you currently belong: _____

On what club committees have you served and/or what club related activities have you been involved with? _____

List any dog related areas of interest: _____

If accepted as a member of the C.C.D.T.C. of S.VT. what would you most look forward to? _____

What is your perception of a therapy team? _____

Why do you believe that your dog is suited to therapy work: _____

List any activities that your dog has participated in: _____

Does your dog have a Canine Good Citizen certificate (CGC)? _____

Describe the level of your dogs obedience experience: _____

Has your dog ever bitten a human being?	Yes	No
Is your dog hand shy?	Yes	No
Has your dog ever been involved in a dog fight?	Yes	No
Is your dog shy or nervous around crowds of people (describe):	_____	

Does your dog get along well with children (describe)? _____

How does your dog act with multiple dogs and people in the room? _____

How does your dog handle stress (describe): _____

What do you do as a handler to address this? _____

What types of collars and leashes do you use? _____

Describe you dog (check all that apply):

Adaptable Outgoing Timid Shy Hyper Friendly Calm Reliable

Are you interested in participating in workshops offered by Caring Canines? _____

Do you belong to another Therapy Dog organization? If yes which one: _____

Signature of Applicant _____ Date _____

The annual dues are due upon completion of CCTDC evaluation of you and your dog.

Please mail completed application to:

Linda Shelvey
713 Upper Cold River Rd.
Shrewsbury, VT. 05738
shel@sover.net