



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 an additional handler participating? Yes \_\_\_ No \_\_\_

If yes, how old are they? \_\_\_\_\_ (Must be 10 years or older; only 2 handlers per class)

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 and payment has been received, we will contact you  
to set up your prescreen date and time.

FOR OFFICE USE ONLY

Date Rec'd \_\_\_\_\_ Cash/Ck# \_\_\_\_\_ Prescreen date \_\_\_\_\_