- WMTD - West Michigan Therapy Dogs, Inc.	**REGISTRATION (CHECK IN)**	

P.O. Box 2533, Grand Rapids, MI 49501 **616-726-1256** **www.wmtd.org**

HANDLER & DOG INFORMATION

(TO BE COMPLETED BY HANDLER)

HANDLER NAME:	DOG NAME:
ADDRESS:	DOG BREED(s):
CITY/ZIP:	COLOR:
HOME PH:	WEIGHT OF DOG:
WORK PH:	DATE OF BIRTH OF DOG:
CELL PH:	☐ MALE ☐ FEMALE ☐ NEUTERED/SPAYED
EMAIL:	
Handler: Senior (55 & over): ☐ YES ☐ NO	
OWNER: ☐ N/A I have owned this dog for at least six (6) months: ☐ YES ☐ NO	

NON-OWNER: ☐ N/A I have worked with this dog for at least six (6) months: ☐ YES ☐ NO
I have current signed permission from the owner to handle this dog: ☐ YES ☐ NO

This dog has been trained for protection or has been encouraged to bite even as a component of a working task or in competition:
☐ YES ☐ NO

This dog is fed a diet of raw protein foods/Biologically Appropriate Raw Foods (BARF) Diet: ☐ YES ☐ NO

This dog has participated in training to become a service dog: ☐ YES ☐ NO

- This dog was released from service dog training: ☐ YES ☐ NO
- If yes, the release contract allows dog to participate in therapy volunteering: ☐ YES ☐ NO
- **You will need to provide proof of this release**
- Name of Service Dog Organization:

This dog is an active service dog for this handler and trainer/training organization allows dog to participate in therapy volunteering:
☐ YES ☐ NO Name of Service Dog Trainer / Organization (if applicable):

☐ Additional Handler (note junior handers ages 10-17)
Name:
Birth Date:

HANDLER(S): Please share any physical disabilities that may require accommodations:

DOG: Please share any physical disabilities that may require accommodations:

HANDLER SIGNATURE: **X**	Date:

(TO BE COMPLETED BY WMTD):

COPY PROVIDED OF FOLLOWING RECORDS:
☐ Bordatella ☐ Rabies Vaccination ☐ Fecal Test Certification ☐ DHLPP/Titers Vaccination

☐ **Spectrum Health Continuing Care Rehab and Nursing Center (SHRNC) 750 Fuller Avenue NE Grand Rapids, MI 49503**		☐ **OTHER:**
Test Date:		**Test Date:**
WMTD VOLUNTEER/REGISTRATION COMMENTS:		
ASSESSOR PERFORMING TEST:		