



Pawsibilities Unleashed, Inc. Therapy Dog Team Registration Packet

This registration packet is for new therapy dog teams.

*If you need assistance completing this packet, contact us:

info@pawsibilitiesunleashed.org

Completed registration packets should be mailed, emailed in PDF format or faxed to:

Pawsibilities Unleashed, Inc.
Therapy Dog Department
P.O. Box 5316
Frankfort, KY 40601
Fax: 502-873-3147
info@pawsibilitiesunleashed.org

CHECKLIST FOR NEW THERAPY DOG TEAMS

Your Registration Packet must include all forms listed below (unless noted otherwise).

1. Handler information
2. Animal Information
3. Volunteer Agreement (each handler must sign an agreement and submit with this form)
4. Registration Type and Payment
5. Photo ID Form
6. Copy of Therapy Hours (At least 10 supervised hours)
7. Copy of Current Vaccination records for each dog being registered.
8. Referral for supervised visits. This is provided by the evaluator/trainer of the course you are enrolled in or completed. Trainer should tell you that you are ready for your supervised visits.
9. Registration Checklist - Submit this Checklist with your Registration Packet
All required forms are completed fully and assembled in the order they appear on this checklist. We recommend you keep a copy of your completed Registration Packet including your Evaluation Score Sheet and Certificate of Course completion.

I understand that my Registration Packet will be returned to me as unprocessed if incorrect payment is submitted or any part of the required registration pages and forms are incomplete or missing.

Handler Signature: _____

Guardian Signature (if Handler under 18): _____

Guardian Name: (please print) _____

Date signed: _____

1. REGISTRATION TYPE / HANDLER INFORMATION

This Registration Packet may be used to register up to 5 animals.

Registration Type: (select one)

New Registration

Registering as: (select all that apply)

One handler with one animal

One handler with multiple animals

Additional handler

Additional animal

For Office Use Only Do Not Write in This Box
Renewal Date _____
Check # _____

1. HANDLER INFORMATION

Name: _____ Birthday (MM/DD/YYYY): _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (C) _____

Email address: _____

Do you currently attend a Pawsibilities Unleashed class? _____ If no, do you attend any other class?

_____ If yes, where and with whom? _____

ADDITIONAL HANDLER INFORMATION

Name: _____ Birthday (MM/DD/YYYY): _____

Address: _____

City/State/Zip: _____

Phone: (H) _____ (C) _____

Email address: _____

Do you currently attend a Pawsibilities Unleashed class? _____ If no, do you attend any other class?

_____ If yes, where and with whom? _____

Additional Owner's Consent for Registration

If you are registering with a dog belonging to someone outside your household, have the owner of the dog you were evaluated with complete and sign the section below.

Owner's name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

As the dog owner, I grant permission for my dog(s) listed on the Dog Information page to participate in Pawsibilities Unleashed therapy visits with this applicant.

Dog Owner Signature

Date Signed

2. DOG INFORMATION

#1: PRIMARY DOG INFORMATION (Register / Renew with One Dog)

Dog Name: _____ Birthday: _____

Breed: _____ Sex: Male Female Spayed Neutered

#2: ADDITIONAL DOG INFORMATION

Renewal

New Addition

Dog Name: _____ Birthday: _____

Breed: _____ Sex: Male Female Spayed Neutered

#3: ADDITIONAL DOG INFORMATION

Renewal

New Addition

Dog Name: _____ Birthday: _____

Breed: _____ Sex: Male Female Spayed Neutered

#4: ADDITIONAL DOG INFORMATION

Renewal

New Addition

Dog Name: _____ Birthday: _____

Breed: _____ Sex: Male Female Spayed Neutered

#5 ADDITIONAL DOG INFORMATION

Renewal

New Addition

Dog Name: _____ Birthday: _____

Breed: _____ Sex: Male Female Spayed Neutered

*If you have more than 5 dogs, please list all information required above on a separate sheet and turn in with your packet.

Vet information

Licensed vet name: _____

Clinic name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Website: _____

3. VOLUNTEER AGREEMENT

Section I: Adherence to Standards

1. I certify that I meet all required qualifications and guidelines for a Therapy Dog Team as required by Pawsibilities Unleashed at the time of my registration, including, but not limited to:
 - a) My dog is spayed / neutered
 - b) My dog has attended required training class for basic obedience and manners with Pawsibilities Unleashed
 - c) My dog wears approved equipment
 - d) My dog does not have a history of aggression towards animals or people
 - e) My dog has never seriously injured or killed another companion animal
 - f) My dog has never been encouraged or trained to bite, even as part of dog sport, such as Schutzhund
 - g) My dog is reliably potty trained
2. I agree to abide by and adhere to the most current version of the Pawsibilities Unleashed Therapy Dog Program Policies and Procedures manual as published on the website.
3. I understand that it is my responsibility to provide Pawsibilities Unleashed with up-to-date contact information for my therapy dog file to ensure that I receive Pawsibilities Unleashed communications, including renewal notices.
4. I understand that I must cease therapy visits if my registration expires. If my registration expires, I understand I must pay a re-instatement fee of \$25 in addition to the renewal fee to re-register as a Pawsibilities Unleashed Therapy Dog Team. If my registration has been expired more than one (1) year, I must undergo retraining by taking the obedience course before I can re-register as a Pawsibilities Unleashed Therapy Dog Team
5. I understand that it is my responsibility to report incidents that occur while volunteering as a Pawsibilities Unleashed Therapy Dog Team in a timely manner using the Incident Report Form.
6. I understand Pawsibilities Unleashed assumes no legal responsibility for the actions of me or my dog in our roles as a registered therapy dog team

Section II. Insurance

1. I understand that while performing volunteer activities as part of the Pawsibilities Unleashed Therapy Dog Program, I am covered by Pawsibilities Unleashed Liability Insurance as respects to bodily injury and property damage I cause, and:
 - a) Coverage under the policy is subject to the facts and circumstances of a loss and terms and conditions of the policy. Coverage is not guaranteed.
 - b) Claims under the policy must be submitted promptly and could be barred if submitted late.
 - c) Therapy dog team handlers registered with Pawsibilities Unleashed are individually responsible for monetary awards not paid by the policy.
 - d) Coverage is not provided for damages caused by intentional acts or as a result of a therapy dog handler acting outside the scope of, or not in compliance with, Pawsibilities Unleashed's policies and procedures for Therapy Dog Teams per the Therapy Dog Program policies and procedures manual
 - e) Therapy Dog handlers must maintain their volunteer status for the policy to be available. Handlers must receive no compensation for their volunteer services and must not incorporate a registered therapy dog while performing duties of their job. Reimbursement of nominal incidental expenses such as supplies can be allowed without jeopardizing their volunteer status.
 - f) A copy of the Insurance policy can be obtained by submitting a request to info@pawsibilitiesunleashed.org
2. I understand the volunteer insurance would cease if my Therapy Dog Team registration expires and I must suspend all Therapy Dog Team visits.

Print Handler's Name: _____

Handler's Signature: _____ Date: _____

Additional Handler's Name: _____

Additional Handler's Signature: _____ Date: _____

If the Handler is under 18, by signing and dating this Volunteer Agreement, the parent or legal guardian assumes full responsibility of the minor Handler during team visits. The parent or legal guardian must agree to review and adhere to the Pawsibilities Unleashed Policies and Procedures.

Print Parent or Legal Guardian Name: _____ Relationship: _____

Parent or Legal Guardian Signature: _____ Date: _____

4. REGISTRATION TYPE AND PAYMENT

Type of Registration (Choose all that apply)

New Therapy Dog Team \$75 = _____
This covers one handler and one dog.

Additional Dog # of dogs _____ X \$25 each = _____
Do not include primary dog in # of dogs **additional dogs only

Additional Handler # of handlers _____ X \$25 each = _____
Do not include primary handler in # of handlers **Additional handlers only

Total = _____

Donation to Pawsibilities = _____

Total included = _____

SAMPLE PICTURE

5. PHOTO / ID BADGE FORM

Photo is required for your ID Badge.

Handler name Specifications:

→ Your name will appear on the badge as it is listed on page three (Handler Information section).

*If you would prefer to use an alternate name on your badge please print the name you would like to use on the line below:

If you have more than one handler, each additional handler must also submit a picture of themselves with the therapy dog being certified.



PHOTO SPECIFICATIONS:

- Photo must be vertical / portrait orientation and at least 5" high and 3" wide when printed
- Photo needs to be a close up, with handler and animal right next to each other.
- The animal must not wear inappropriate attire in the photo.

Select one option for how you will submit photo for ID badge:

Option 1: Attach a photo to this photo ID form:

- Use a paper clip and make sure it is securely attached.
- Each photo must have the handler and animal's name written clearly on the back.

Option 2: Email photo - must follow below steps:

- Photo must be in jpeg format.
- Photo file name must contain handler's full name and animal's name
- Include in the Email Subject line: ThD Renewal for _____
- If registering multiple teams at once, all photos must be emailed in the same email to info@pawsibilitiesunleashed.org