



Alliance of Therapy Dogs
P.O. Box 20227, Cheyenne, WY 82003
1-307-432-0272, 1-877-843-7364
1-307-638-2079 (fax)
office@therapydogs.com
www.therapydogs.com

Dear Friend,

Thank you for your interest in membership with Alliance of Therapy Dogs (ATD). Qualifications for ATD begin with a friendly dog, any breed or mix, and an owner/handler who has a desire to share their dog with those who are no longer able to own a pet or are in a health facility separated or away from their pets. Dogs must be at least one year of age to be tested and observed.

Our process begins with a background check. Given the world today, our focus must be on the safety of our clients and the facilities we visit. These background checks also ensure that we can keep our insurance premiums low and, thus, keep your yearly fees low.

Once you have completed your background check, you can test with one of our Tester/Observers in your area. This test includes basic handling skills first, and if you and your dog pass, you move to the next step of three supervised visits.

Upon successful completion, the following must be submitted for review and processing for membership:

- ✓ Proof that you have successfully completed the Sterling background check
- ✓ Completed Member Application and ATD Test
- ✓ Release of Claims form
- ✓ Correct membership fees
- ✓ Completed Health Verification Form
- ✓ Signed Rules Review

All these items must be completed and returned together to process your membership in a timely manner.

You must bring the items above to your initial test that you have scheduled with the Tester/Observer. In addition, please also bring:

- ✓ Four foot or shorter leash and ATD approved collar (see ATD Member Guidelines)
- ✓ Water for dog (have available)
- ✓ Bag for clean-up (have available)
- ✓ Paper towels or towel (have available)

The application, test and copy of our guidelines are enclosed. A list of the Tester/Observers in your area, the link to begin the background check, and additional information, presentations, and forms are on our website: www.therapydogs.com.

We look forward to hearing from you!

YOUR BACKGROUND CHECK

As a volunteer organization, we care about our program and the quality of the individuals who help us. ATD requires a background check for all prospective members, except junior member applicants, prior to being tested.

ATD feels it is an important process to assure we are bringing in members who are trustworthy. It is becoming a norm in our society to have volunteers go through a background check. It will provide the facilities we visit with a sense of comfort that our volunteers have been properly screened. Background checks prior to testing will also help to keep our insurance premiums low and, thus, keep your yearly fees low.

ATD has selected Sterling to run the background checks on our volunteers. All information about the process is on our website, www.therapydogs.com. The cost for the background check is \$20.00, which also allows you to share the results with other organizations. The first share with one other organization is free.

When you complete the process, ATD will look over the results and notify you when you can begin the testing process. You will be sent a letter/email to present to the T/O who will be testing you and your dog.

You can complete your background check from the ATD website: www.therapydogs.com.

Here are the steps:

- Go to www.therapydogs.com
- Click on **Join**
- Select **Be a Member**
- Scroll down and select **Begin your Background Check**
- Follow the directions to provide the necessary information to run the background check.

If you do not have computer access, please contact the office at 307-432-0272 or 877-843-7364.

Once the background check is completed, you will receive an email/letter confirming your eligibility to take the ATD test. You may then contact a Tester/Observer to begin the testing process. If, after one week, you do not receive emails confirming your application and then informing you of your eligibility status, check your computer's spam/junk mail folder.

If you still cannot find/did not receive the email, you may present to the Tester/Observer a printout of the first page of the "Confidential Background Check Report" (click the badge on your Verified Volunteer page to access).

If there is any concern about the background check, you will be contacted by ATD for additional information.

ATD Important Facts, Rules and Guidelines to Know Before Testing

You are responsible for reading and knowing the guidelines below before completing your testing process
In addition, if you pass testing, you will be required to know all the rules and guidelines in the Member Handbook that will be sent to you.

<p>Incident or Injury</p> <ul style="list-style-type: none"> • If an incident or injury to an employee, resident, or visitor in the facility occurs while representing ATD: • Immediately contact the facility's supervisor on duty. • If the incident is a suspected bite, end the visit immediately. • Document the incident on all required forms for the facility. • Immediately contact the ATD office and report the incident. If after hours or during a weekend, please leave a voice message and make contact with the ATD office during the next business day. 	<p>Your dog is your first priority</p> <ul style="list-style-type: none"> • While participating on an official ATD visit, handlers must have their attention on their dogs for the safety and welfare of their therapy dogs as well as those whom they visit. • Do not become so comfortable that you become careless. Excuse yourself and your dog from any situation you do not believe will be a positive experience for all involved. • Never put yourself or your dog in a questionable or threatening situation. • Monitor the body language of your dog for signs of stress including but not limited to excessive panting; hiding behind you; shaking; jumping or climbing on you for security; yawning or changing facial expression; ears flat and tail tucked; looking to escape and refusing to socialize. 	<p>Dog equipment</p> <ul style="list-style-type: none"> • Equipment that is not allowed: clickers, retractable, elastic/bungee or chain leashes, pinch, prong, spiked or electronic collars and body halters or harnesses fastened with Velcro® or metal clothing snaps. • Permitted equipment: slip, buckle, quick release, martingale, limited slip or any other smooth collars made of chain, nylon or leather; and head and body halters/harnesses made of fabric webbing or leather with metal or plastic buckles. • The collar should fit snugly enough so the dog cannot easily back out of the collar or slip it off of his/her head. A slip collar should be correctly worn so it releases properly as designed. • Dogs wearing a body halter/harness, or a head halter must also wear an approved collar. The leash may be attached to the collar, halter, or harness. • Leashes must be 4 feet in length or shorter and made of material strong enough for the size/strength of the dog. The use of a traffic leash is recommended for large dogs.
<p>Starting a visit</p> <ul style="list-style-type: none"> • The visit begins as soon as you reach the facility property, including the parking lot. • The visit does not end until you leave the facility property. 	<p>Face-to-Face</p> <ul style="list-style-type: none"> • Do not allow your dog's face near a human's face. • Facial kisses are not allowed. 	<p>Only handlers may handle their dogs •</p> <ul style="list-style-type: none"> • Handlers must never leave their dogs alone with staff, patients, or visitors. • Dogs must be kept on a 4-foot or shorter leash held only by the member/handler. The leash must be held by the member's hand at all times.
<p>Dogs on laps/furniture</p> <ul style="list-style-type: none"> • The ATD member/handler must know and strictly adhere to the facility policy concerning dogs on any laps/furniture. • This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds, or physical therapy beds/pads. The handler must be in control of the dog's head at all times. • Dogs over 15 pounds cannot be placed on laps • Dogs under 50 pound can be placed on beds • All dogs may be placed on unoccupied furniture 	<p>Handler attire</p> <ul style="list-style-type: none"> • Skimpy or tight-fitting attire including short shorts, tank tops, and bare midriffs are not allowed. • Wear sensible, safe walking shoes with backs or at least a strap around the heel (no flip-flops, high heels, spike heels or shoes without backs). 	<p>Two Foot Rule</p> <ul style="list-style-type: none"> • Dogs must be kept at least 2 feet from other dogs and animals at all times while on an ATD visit to discourage play, to give dogs enough personal space for focusing on the person being visited, and to prevent any interaction between dogs that could lead to an injury to a third party, the handlers or their dogs. • If a dog prefers more than 2 feet, the handler should provide for the dog's needs. You are not covered by insurance if your dog is within 2 feet of another animal, including when posing for photos.



New Member Health Verification Form

Questions: (307) 432-0272, 877-843-7364 or

office@therapydogs.com

Please complete this form prior to arriving at the handling portion of the test. This form must be submitted with your complete application packet for membership.

Handler/Prospective Member Name _____

Ph# _____ Email _____

Dog's Name _____

Date of annual physical exam _____

Date of current negative fecal exam _____

Date of current rabies vaccination _____ 1 year ☐ 3 year ☐

OR Rabies titer _____ titer level _____ (within the last 2 years and greater than or equal to 0.5 IU)

Veterinarian Name _____

Veterinarian Address _____

Veterinarian City, State, Zip _____

Veterinarian Phone _____

The dog listed on this form has been examined in this clinic and it is believed that this dog is healthy and free of internal and external parasites on the date of the annual physical exam listed above.

Required Veterinarian Signature or Clinic Stamp

Date

ALLIANCE OF THERAPY DOGS

2020 MEMBERSHIP APPLICATION

THIS APPLICATION MUST BE RECEIVED WITHIN SIX MONTHS FROM THE DATE OF THE TEST

TYPE OR PRINT LEGIBLY IN INK

*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP

Existing member ID# _____

New member one handler/one dog team.....\$40

Additional evaluated handlers or dogs in the same household (see other side for fees)

Minimum age for regular membership is 18 years. Ages 12 through 17 may be tested for junior membership.

*Full Legal Name		
*Mailing address		
*City	*State	*Zip Code
*Day Telephone ()	Evening Telephone ()	
*Email		
*Dog's Call Name	*Breed or Mix type	
Dog's date of birth if known, or approximate age (minimum 1 year):	Circle: Male Female	
I would like a paper copy of the newsmagazine in lieu of a digital copy. _____		

*** THE FOLLOWING ITEMS ARE REQUIRED AND MUST BE INCLUDED FOR MEMBERSHIP***

ATD DOCUMENTS:

Sterling Volunteers Background Check Proof of Eligibility

AND

Completed ATD Test AND

This completed application AND

Signed Release of Claims Form AND

Fees AND

Signed Rules Review Form

PROOF OF DOG'S HEALTH:

Completed Health Verification Form

I certify that I have read and I understand the ATD Rules and Regulations and insurance coverage as set forth by ATD.

I agree to abide by these regulations when working with my dog under ATD's name. My dog will wear the official red heart-shaped ATD identification tag, and I understand that I will be covered for liability under ATD's insurance while participating in visits under ATD's name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to provide the required annual veterinary care as set forth by ATD. I understand that as an ATD member, I am required to make a minimum of one visit every three months with my dog.

APPLICANT SIGNATURE _____ *Date _____

*Age of Applicant (if minor) _____

*Signature of Parent/Guardian if applicable _____ *Date _____

Please keep a copy of your application and test forms and send the originals to:

Alliance of Therapy Dogs, P.O. Box 20227, Cheyenne, WY 82003

Overnight/Express: 1919 Morrie Ave., Cheyenne, WY 82001

Phone: 307-432-0272 or 877-843-7364

Email: office@therapydogs.com

Website: www.therapydogs.com

Explanation of Membership Fees

- ☐ Single membership fee (1 person/1 dog)
One person/dog team is \$30 per year
New member processing fee is \$10 per household
Total due for this new team is **\$40**
- ☐ Single membership fee (1 person/2 dogs)
First person/dog team is \$30
Additional dog(s) is \$10 each
New member processing fee is \$10 per household
Total due for this person with 2 dogs is **\$50**
- ☐ Two people in one household with one dog (2 people/1 dog)
First person/dog team is \$30
Second person in the same household is \$10
New member processing fee is \$10 per household
Total due for this household is **\$50**
- ☐ Two people in one household with two dogs (2 people/2 dogs)
First person/dog team is \$30
Second person in the same household is \$10
Second dog in the same household is \$10
New member processing fee is \$10 per household
Total due for this household is **\$60**
- ☐ Existing members
Each additional dog or handler in the same household is \$10.
You do not pay the membership fee or the processing fee again.
- ☐ Two members handling the same dog who do NOT live in the same household
Each will pay the full membership fee of \$30 and \$10 for processing. Each person has their own account and will receive their own member packet and renewal.
- ☐ Supporting membership (Membership without registered dog)
Total due for this person is **\$20**

One renewal date per household – October through March registrations will renew on January 1 of each year. April through September registrations will renew on July 1 of each year.

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I hereby certify that I am aware of the inherent dangers of handling dogs in settings with people and with other dogs, and that I recognize the importance of following safety rules in all situations.

I understand that it is not the purpose of Alliance of Therapy Dogs to teach me safety rules, and it is not the function of the organization or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In that regard, I understand and guarantee that while I am participating in the Alliance of Therapy Dogs Test and any subsequent visits that are required prior to being granted membership, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs from any liability.

In consideration of being given the opportunity to apply for membership in Alliance of Therapy Dogs, I am willing to assume all risks in the activities described above and release the persons and entities cited above, if an injury or damage befalls me or the dog I am handling, whether foreseen or unforeseen, during the performance of these activities, and furthermore save and hold harmless Alliance of Therapy Dogs and persons from any claim by me or my family or any other party arising out of my participation in this activity.

Further, I understand and guarantee that while I am participating as an Alliance of Therapy Dogs member, I am solely responsible for any incident that might occur and therefore absolve Alliance of Therapy Dogs officers, directors, members, agents, or employees from any liability. I also understand and agree that Alliance of Therapy Dogs may not be held liable in any way for any occurrence in connection with said activities that may result in injury, death, or damages to me, my dog, or my family. I shall indemnify Alliance of Therapy Dogs for any damages incurred by Alliance of Therapy Dogs resulting from any harm, injury, illness, death, or other damage to the dog I am handling while on Alliance of Therapy Dogs visits. Furthermore, I certify that I am solely responsible for any harm, injury, illness, death, or other damage that may occur to the dog I am handling while on Alliance of Therapy Dogs visits.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force, or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

I have executed this affirmation and release on:

Date: _____

To your knowledge, has this dog ever bitten a person? Yes ____ (Date of bite _____) No ____

If yes to this question, the **membership process must cease** pending an investigation.

Are you the owner of this dog? Yes ____ No ____

Have you had a relationship with this dog for at least 6 months? Yes ____ No ____

Prospective Member

Applicant Signature

Print Full Legal Name

Date of Birth

Address

City State Zip Code

Signature of Parent or Legal Guardian (If applicable)

Prospective member must sign this document before testing.

A release for each handler/dog team must be returned with ATD Test and Member Application to the ATD office.

ATD Rules Review

(Items to be discussed with the T/O)

1. What is the "2-foot" rule and why is it important?
2. May you allow your dog to kiss someone's face?
3. What do you do if your dog accidentally paws and scratches a patient? Whom do you notify?
4. In addition to an approved 4-foot or shorter leash, what must members have with them on a visit?
5. When does a visit begin and end?
6. If you place your dog on a patient's bed for petting, what should you do? What part of the dog must you be sure to control at all times, especially if the dog is on occupied furniture?

I have discussed the above questions and other guidelines with the applicant.

T/O Signature _____

Date _____

Print Name _____

I have discussed the above questions and other guidelines with the T/O.

Applicant Signature _____

Date _____

Print Name _____

2020 ALLIANCE OF THERAPY DOGS TEST

*** MUST BE RECEIVED BY THE OFFICE WITHIN SIX MONTHS FROM THE DATE OF THE HANDLING TEST ***

Applicant Full Legal Name:	Dog's Call Name:																								
Is this the first time being tested with this dog for ATD? <input type="checkbox"/> Yes <input type="checkbox"/> No																									
If tested before, please indicate the approximate previous testing date(s):																									
The ATD test may be taken no more than three times with the same dog, with at least 30 days in between tests. Falsification of any information will result in membership denial.																									
BRING TO THE TEST: <input type="checkbox"/> Proof that you have successfully completed the Sterling Volunteers background check <input type="checkbox"/> A completed Health Verification Form																									
EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST																									
Handling Test Sections 1 - 9																									
1.	Handler's attention to instructions: Handler arrived at testing appointment with the following required items:																								
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; border-bottom: 1px solid black;">Did the handler bring an approved collar for the dog?</td> <td style="width: 10%; border-bottom: 1px solid black;"><input type="checkbox"/> Yes</td> <td style="width: 15%; border-bottom: 1px solid black;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Did the handler bring an approved 4 foot or shorter leash for the dog?</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Yes</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> No</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Was the handler clean and dressed appropriately, including correct footwear?</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> Yes</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> No</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Comments:</td> </tr> </table>	Did the handler bring an approved collar for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the handler bring an approved 4 foot or shorter leash for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the handler clean and dressed appropriately, including correct footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:														
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4.	Physical handling of the dog and dog's response:																								
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*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

**A dog too short to be reached for petting must have its front legs lifted or propped up for this exercise.

5. Handler control of dog with a loose leash:			
Team moving forward, changing pace between normal, slow and quick		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Team making left and right turns and turning around		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stopping with dog staying calmly by the handler's side for 5 seconds		<input type="checkbox"/> Yes	<input type="checkbox"/> No
A person rushing past the team while in motion (from front/back/sides)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Near a person walking unsteadily*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Team going up to a seated person for petting* **		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Small dog held, lifted or carried for testing*		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
6. Canine-canine behavior: NEVER allow the dogs to be closer than 2 feet or to stare at another dog.			
Small dog held, lifted or carried for testing*		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the handler in control?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the dog bark at other dog(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the dog interested in other dog(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was any sign of unprovoked aggression demonstrated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the dog corrected/redirected for inappropriate behavior?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler praise the dog?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
7. Dog's apparent responsiveness:			
Did the dog demonstrate a willingness to participate in the exercises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If initially excited, did the dog calm down and begin to respond?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the dog exhibit signs of avoidance or stress during the test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
8. Does the handler have the ability to safely handle this dog?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
9. Did the handler follow your instructions during the handling portion of the test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

Date of Handling Test:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TESTER SIGNATURE			
TESTER NAME (print)			
Comments:			
Testing for an Exception? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REQUIRED Specify the exception:			
If testing for an exception application goes through Alternative Review Committee			

Observation #3 – Type of facility used for observation		<input type="checkbox"/> Medical		<input type="checkbox"/> Other	
Was the small dog's behavior acceptable when held by handler?			<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The handler has the ability to safely handle this dog.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler follow your instructions?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needs Improvement and a fourth observation (list improvements needed in comments)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation:			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
OBSERVER SIGNATURE _____			Date _____		
OBSERVER NAME (print) _____					
Comments:					
Observation #4 – (if needed)		<input type="checkbox"/> Medical		<input type="checkbox"/> Other	
Type of facility used for observation					
Was the small dog's behavior acceptable when held by handler?			<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The handler has the ability to safely handle this dog.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler follow your instructions?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation:			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
OBSERVER SIGNATURE _____			Date _____		
OBSERVER NAME (print) _____					
Comments:					