



Companion Paws Assisted Therapy Dog Registration

Complete the following:

____ Membership Registration

____ Annual Health & Vaccination Record- negative fecal within 60 days of evaluation

____ Copy of up to date vaccination records including Rabies, Distemper & Bordatella

____ Copy of current dog license

____ E-mail (2) pictures (JPEG format) of your dog (head & shoulders) to:

advisory@thelifelinecanada.ca

If you have any questions regarding this application, please e-mail liane@thelifelinecanada.ca or call Liane Weber at 250-899-4942. You may mail or drop off completed packet to:

The LifeLine Canada Foundation
Attn: Companion Paws
PO Box 21040, Orchard Park Post Office
Kelowna, British Columbia
V1Y 9N8, Canada

****Please note that you are not permitted to do any assisted work without a current registration and identification card.**

Handler Information:

Name: _____

Address: _____

Mailing Address (if different): _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Are you over 18? Yes No If no, how old are you? _____

Name of Parent/Guardian: _____

Emergency Contact & Phone: _____

Dog Information:

Name: _____

D.O.B.: _____ Weight: _____ Age: _____

Breed: _____ Spayed/Neutered?: Yes No

Male/Female (Circle One) Current Vaccinations?: Yes No (provide documentation)

Has your dog ever been aggressive towards or bitten anyone or another animal?: Yes No If yes, please explain _____

Vest Size (Circle One): XSmall (5-15lbs) Small (15-30lbs), Medium(30-60lbs), Large(60-80lbs), X-Large(80+lbs)

Assisted Therapy Workplace Information:

Handler Workplace Title: _____

Business Name (where the Assisted Therapy Dog will be attending): -

Address: _____

Business Phone: _____

Business Email: _____

How did you hear about us?: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Annual Health & Vaccination Record

(To be completed by your veterinarian. This is mandatory for Registration and Renewal)

Owner/Handler Name _____ Dog's Name _____

Breed _____ D.O.B. _____ Weight _____ Sex _____

Spayed or Neutered (Circle One)

Date of check-up _____

VACCINE	DATE VACCINE ADMINISTERED	DATE VACCINE EXPIRES
DA2PP		
CANINE INFLUENZA		
BORDATELLA		
RABIES		

FECAL EXAM: A fecal exam with a negative result must be performed within 60 days of TLC's Companion Paws Therapy Dog Evaluation, then annual thereafter. Date of Test _____

Results (Circle One) Positive Negative

As this dog's Veterinarian, I affirm that the information stated above is a truthful account of its veterinary record. I certify that I have examined the dog named above and find this dog physically and mentally healthy, free of parasites and contagious diseases.

Print Name of Veterinarian

Phone Number of Veterinarian

Signature of Veterinarian

Date

Name of Veterinary Clinic & Address