



Companion Paws Personal Therapy Dog Registration

Please Complete the following:

1. Membership Registration
2. Annual Health & Vaccination Record- negative fecal within 60 days of evaluation
3. Copy of up to date vaccination records including Rabies, Distemper & Bordetella
4. Letter from your current mental health professional advising a Therapy Dog for treatment on letterhead, with date, signature, your name and why a therapy dog would benefit you.
5. Copy of current dog license
6. E-mail (2) pictures (JPEG format) of your dog (head & shoulders)

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

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

Membership Registration

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): Small, Medium, Large, X-Large

Annually, for Personal Therapy Dog registration, you must submit an updated veterinarian's medical record and have an annual Temperament Assessment for registration.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Annual Health & Vaccination Record

(To be completed by your veterinarian annually. 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:

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