



Companion Paws Visiting 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. Signed Rules & Regulations
5. Copy of current dog license
6. E-mail (2) pictures (JPEG format) of your dog (head & shoulders)

Dog photos must be taken like passport photos:

Light, Neutral background with no objects or anything in background.

No people in background.

Hi Res photo (as high as your camera will allow.)

Landscape orientation NOT portrait. (Wide Rectangle, NOT Tall rectangle)

Dog in center of frame with lots of room on left and right.

Dog Looking at camera (or close to).

You may email your completed packet to certified@thelifelinecanada.ca or you may also mail your completed packet to:

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

If you have any questions regarding this application, please e-mail us at certified@thelifelinecanada.ca

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

How did you hear about us?: _____

I agree to the performance of a background/criminal record check Yes No

Vest Size (Circle One): Small, Medium, Large, X-Large, XX-Large

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: 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