



## Social/Therapy/Reading Dog Team Training

Dear Social/Therapy/Reading Dog Team Training Applicant,

Thank you for your interest in Paws As Loving Support (PALS) Assistance Dogs' Social/Therapy/Reading Dog Team Training. This is not an obedience class. All dogs must be at least 12 months old and know "sit", "down", "stay", "leave it", "Come" or similar commands and must have a reliable recall prior to coming to class. All dogs must be friendly towards people and other dogs. The social/therapy/reading volunteering that you and your dog will participate in as a team in your community will be most rewarding!

Please complete the necessary paperwork to start your team training application process. The guidelines are in the packet. Please return your completed packet as soon as possible, as the spaces are filled in the order that they are received and approved. You will be notified by phone or email as to class space availability for the date/s that you have selected. Each team training class is limited to eight to ten teams to assure quality and individual team attention.

Once again, thank you for your interest in PALS.

Sincerely,

*Nancy Pierson*

Nancy Pierson  
President and CEO

***Paws As Loving Support Assistance Dogs (PALS)***  
***7580 Covey Road, Forestville, CA 95436***  
***Email: [nancy@pawsaslovingsupport.org](mailto:nancy@pawsaslovingsupport.org)***

# **Social/Therapy/Reading Dog Team Training**

## **Registration Check List**

**The following items need to be completed and submitted for registration:**

- 🐾 Check or money order payable to PALS for team training fee \$300.00 (AKC CGC test included) (one handler and one dog) (training fee is non-refundable)
- 🐾 Completed Registration (Handler Profile, Canine Profile, Canine Health Certificate signed by your veterinarian, letter from your veterinarian stating that your dog has no known behavioral or medical condition/s precluding his/her training as a social/therapy/reading dog, copy of most recent rabies certificate and vaccination record)
- 🐾 Signed Media Authorization and Liability Release forms

**Items to bring to Team Training:**

- 🐾 Clean dog with short smooth nails wearing his/her regular training equipment
- 🐾 High end dog treats or motivator (ie. toy, ball, your happy voice, etc.)
- 🐾 Please bring a lunch and/or snacks, water, etc.

**Cancellation Policy:** Should you need to cancel or reschedule the team training class that you have signed up for, please notify us one week prior to the scheduled class so that we can assign your spot in the class to another team. Completed forms may be mailed to:

**Paws As Loving Support (PALS)  
7580 Covey Road  
Forestville, CA 95436**

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# Social/Therapy/Reading Dog Team Training

## Handler Profile

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male  Female      Over 16 years of age?  Yes  No

Occupation: \_\_\_\_\_ Length of employment: \_\_\_\_\_

What language (s) do you speak? \_\_\_\_\_

How did you hear about Paws As Loving Support (PALS) Assistance Dogs? \_\_\_\_\_

Please list your hobbies. \_\_\_\_\_

Please list a brief history of any prior volunteer involvement \_\_\_\_\_

### Social/Therapy/Reading Team involvement you intend to pursue:

#### Custodial

- Retirement Homes
- Alzheimer Programs
- Senior Centers
- Convalescent Homes
- Children Centers

#### Educational

- Classroom Reading
- Library Programs
- Learning Disabilities
- Emotional Disabilities
- Counseling

#### Medical

- Hospice
- Hospitals
- Rehabilitation Centers
- Physical/Occupational Therapy
- Mental Health Programs

Other: \_\_\_\_\_

Why do you want to volunteer in the community with your dog? \_\_\_\_\_

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# Social/Therapy/Reading Dog Team Training

## Canine Profile

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_ Date Altered: \_\_\_\_\_

City or County License Number: \_\_\_\_\_ Date Adopted: \_\_\_\_\_

How long have you and your dog been together? \_\_\_\_\_

Where did you get your dog?

Breeder     Friend     Animal Shelter     Humane Society  
 Newspaper     Rescued Lost Dog     Other (explain) \_\_\_\_\_

Levels of Training:

Agility	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Obedience	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Show	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Field Trial	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Search/ Rescue	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Tracking	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Assistance Dog	<input type="checkbox"/> None	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Prior Social/Therapy/Reading Volunteering?  Yes  No

If yes, date started and where? \_\_\_\_\_

Type of equipment used when training your dog.

Flat Collar     Martingale Collar     Chain Collar     Pinch/prong Collar  
 Halti/Gentle Leader     Sensation Type Harness     Other (describe) \_\_\_\_\_

How would you describe your dog? (i.e. friendly, shy, playful, fearful) \_\_\_\_\_

Does your dog have any physical limitations?  Yes  No If yes, please explain.

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List the commands your dog responds to consistently. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your dog's favorite activities? \_\_\_\_\_  
\_\_\_\_\_

Are there specific groups or types of individuals that your dog is uncomfortable with?  
\_\_\_ children \_\_\_ men \_\_\_ women \_\_\_ other (describe) \_\_\_\_\_  
\_\_\_\_\_

Has your dog ever displayed threatening/aggressive behavior such as growling at, lunging towards, or biting an individual or other animal? \_\_\_ yes \_\_\_ no If yes, please describe the incident. \_\_\_\_\_

How does your dog respond to new and/or stressful situations? \_\_\_\_\_  
\_\_\_\_\_

What do you do when you recognize that your dog is stressed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you correct your dog? \_\_\_\_\_  
\_\_\_\_\_

List or describe any tricks or behaviors unique to your dog. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anything else that we should know about your dog? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Social/Therapy/Reading Dog Team Training Canine Health Certificate

For privately owned dogs volunteering in PALS' Social/Therapy/Reading/Comfort Team Program

PLEASE PRINT OR TYPE LEGIBLY

Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Veterinarian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Animal Information:

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

County License Number: \_\_\_\_\_ Weight: \_\_\_\_\_

Vaccination and Health Information:

Note: Unless otherwise indicated, all vaccinations, as per latest research, flea and heartworm prevention are required. In lieu of heartworm prevention, a negative test result is required every 6 months.

Distemper/DHLPP:  
Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies:  
Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Heartworm Tests (Optional):  
Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Heartworm prevention: \_\_\_\_\_

Fecal Test if visiting a medical setting:  
Date Given: \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_

Flea prevention: \_\_\_\_\_

Other relevant information, including problematic health issues, or comments:

\_\_\_\_\_

I hereby certify that I have examined the above animal and found this pet to be free from any apparent clinical signs of contagious or infectious diseases, as well as, free from, internal and external parasites. The animal's owner has explained to me that this pet will be volunteering with him/her at various PALS Program sites.

Signature of Veterinarian: \_\_\_\_\_ Date \_\_\_\_\_

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## **Social/Therapy/Reading Dog Team Training Media Authorization and Release**

Subject to the terms and conditions set forth herein this Agreement, I \_\_\_\_\_ do hereby irrevocably authorize Paws As Loving Support (PALS) Assistance Dogs, its successors and assigns and those acting under its permission on its authority, to copyright use, and publish, for art, sales materials, advertising promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and/or my dog/s, or in which I/we may be included in whole or in part, or composite or distorted in character, or form, in conjunction with my/our own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to Paws As Loving Support (PALS) Assistance Dogs, without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief. The undersigned further warrants that he/she is of full age and has every right to contract in his/her own name in the above regard and further that he/she has read the above authorization and release, prior to it's execution, and that he/she is fully familiar with the contents thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Social/Therapy/Reading Dog Team Training Release from Liability**

I \_\_\_\_\_ indemnify and hold Paws As Loving Support (PALS) Assistance Dogs harmless from and against all claims, losses, and/or liabilities for damage done by my dog to any person, dog or property. I indemnify and hold Paws As Loving Support (PALS) Assistance Dogs harmless from and against all governmental charges or fines and attorney's fees arising out of the acts or omissions of Paws As Loving Support (PALS) Assistance Dogs, including but not limited to interactions with instructors, volunteers, attendees, or other attendee's dogs involved in training my personal dog during social/therapy/reading team training, workshops, seminars, meetings, or any gatherings sponsored by or conducted by Paws As Loving Support (PALS) Assistance Dogs. I further indemnify and hold Paws As Loving Support (PALS) Assistance Dogs harmless if any injury is incurred by me or my dog in any of the above venues, demonstrations involving my canine, or transportation of my canine to or from the training site, within the training site or event.

To my knowledge, my dog has no problems, physical or otherwise, which would preclude his/her participation in this or any other exercise required in the normal course of social/therapy/reading dog handling, training and/or volunteering.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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