



Fox Valley Therapy Dog Club

Membership Application

This form is for all new handlers/dogs joining the club, as well as, for current club members adding another dog to their membership.

Handler Name:

Date of Application:

Address:

City:

Home Phone:

State:

Zip:

Cell Phone:

Email:

Dog's Name:

Gender: M F

Date of Birth:

Breed:

Neutered: Yes No

The Fox Valley Therapy Dog Club's annual membership fee is \$20.00. By payment of the Membership Fee, I agree to abide by the Constitution/ Bylaws, and any guidelines and procedures, including the Annual Requirements (for both dog and handler) of the Fox Valley Therapy Dog Club. ***(Please include membership fee at along with this form.)***

Membership Fee (\$20) received: Cash Check# _____ Received by:

I am a current member of the club and I am adding this dog to my membership. No additional fee required.

Email to :Sue Schumann
8652 Doe Court, Yorkville, IL 60560
SueandRookie@aol.com

1. Where and when do you acquire your dog? :

Date acquired:

Age of dog when acquired:

From: Breeder Shelter/Rescue Pet Store Friend Other: _____

Name of source:

2. What training method(s) do you use with your dog?

3. Has your dog had professional training (private or classroom)? Yes No

If yes, please briefly list training facility/trainer's name and level of training achieved:

4. If your dog has a Canine Good Citizen (CGC) certifications please indicate:

Organization/Person testing:

Date:

5. Is your dog registered with any of the following organizations?

Therapy Dog International (TDI) Delta Society Other: _____

If so, how long have you been doing therapy dog work? :

In general, approximately how many visits have you made with your dog and what types of facilities have you visited? :
FVTDC Membership Application –p.2

Handler Name:

Dog Name:

6. Does your dog regularly participate in any of the following? (Check all that apply)

Breed Shows Obedience Trials Agility Rally Sports Other: _____

7. Is there a specific group or individual that your dog avoids or seems uncomfortable around?

No **Yes (If yes, check all that apply below)**

Seniors Adult men School age children Infants
 Adult women Adolescents Toddlers Other: _____

And/Or

People wearing hats People using unusual equipment
 People with facial hair People of race different then the caregiver
 People who move erratically Other: _____

8. Has this dog ever acted in a threatening or menacing manner towards an individual or group of individuals? (Behavior includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting)

No Yes if yes, please describe incident(s):

9. Has this dog ever acted aggressively towards another dog?

(Behavior includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting)

No Yes if yes, please describe incident(s):

10. What behaviors would you consider inappropriate in your dog and how would you handle them?

12. What behavior(s) does your dog exhibit when faced with a new environment or a new person in the environment?

13. Describe what "stress" looks like in your dog. (I.e. What behaviors change or appear?):

14. How do you handle your dog when you recognize he/she is stressed? :

15. Does your dog have any special needs or conditions of which we should be aware? :

No Yes (If Yes, please explain)

Signature:

Date: