



## 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.

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Handler Name:	Date of Application:
Address:	City:
Home Phone:	State:                  Zip:
Cell Phone:	Email:

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Dog's Name:	Gender:    M    F	Date of Birth:
Breed:	Spayed/Neutered:    Yes    No	<b>(Required prior to testing)</b>

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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 at SueandRookie@aol.com  
8252 Doe Court, Yorkville, IL 60560

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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:  
**(Required for dogs over 1 year old to attend practices.)**

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? :

Handler Name:

Dog Name:

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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 than 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: