



ALLIANCE OF THERAPY DOGS

PO Box 20227

Cheyenne, WY 82003

1-877-843-7364 or 1-307-432-0272

Email-office@therapydogs.com

Included in this packet are instructions on how to apply for membership with Alliance of Therapy Dogs through our Alternative Review Committee (ARC), since you do not have an ATD Tester/Observer within 40 miles of your zip code.

INSTRUCTIONS

1. Complete the 9-step Alliance of Therapy Dogs Handling Test with a qualified person

This qualified person can be an obedience trainer, AKC Canine Good Citizen Evaluator, veterinarian, veterinarian tech or assistant, or any other qualified person with professional dog experience, willing to take you through the 9-step handling test. You can find one of these individuals locally, on the internet, under dog training, obedience training, AKC Evaluator, etc.

Bring the following items to testing:

- A. Proof of completed Sterling Volunteers Background Check
- B. Completed New Member Health Verification Form
- C. Completed Release of Claims Form
- D. ATD Membership Application and ATD Handling Test
- E. Evaluator Form to be Completed by Evaluator

2. Request Two Letters of Reference

The two letters of reference must be written by people who know you and have observed you handling your dog. Your reference letters should include a statement indicating how you and your dog interact as a team in a public place. We also request that your reference tell us why they would enjoy a visit from you and your dog if they were confined to a hospital or nursing home.

A letter of reference may **not** be written by the person who tests you, any family member or any member of your household.

In lieu of one reference letter, you may include a copy of the Canine Good Citizen (CGC) certificate or test that you successfully completed with your dog. In this case, you are submitting one letter of reference **and** the CGC. To be accepted in place of a reference letter, the handler that is applying for membership with ATD must be listed on the certificate and the dog must have been at least one year old when testing for the CGC.

Here is who you might ask to write your reference letters:

- Your obedience trainer
- Veterinarian
- Long standing friends
- People you have already been visiting at facilities. Staff, patients or the family member of a person you have been visiting

All reference letters must have an address, phone number, date and signature.

3. Complete the Questionnaire ** Please type your answers on a separate sheet of paper **

There is a second questionnaire included if there is a second member of the household also applying for membership with Alliance of Therapy Dogs. Each prospective member must complete a different questionnaire. Answers to both questionnaires can be found in the ATD Rules and Regulations section.

4. Write a Cover Letter

Your cover letter should be, at least, a short paragraph telling us about you and your dog and why you would like to become a therapy dog team. Each prospective member must write and submit their own cover letter.

All cover letters must have an address, phone number, date and signature.

5. Use This Checklist to Ensure all Requirements Have Been Met

- Application Page
- Sterling Volunteers Background Check (not required for current members or junior handlers)
- Release of Claims Form
- Signed and Dated Cover Letter
- Completed Questionnaire
- Completed Evaluator's Form
- Completed Handling Test
- Signed and Dated Reference Letters and/or CGC Certificate
- New Member Health Verification Form

Please have your cover letter, all reference letters and questionnaires typed, as handwritten items will slow down the approval process. Please submit all items together. Failure to complete the application correctly may result in the application packet being returned to you before it is submitted to the committee for review, which will delay the application process.

6. Submit Application for Review

Once the paperwork and testing have been completed, please keep a copy of the paperwork for your records and send the application packet to:

Alliance of Therapy Dogs - PO Box 20227 - Cheyenne, WY 82003 or you may:

Email your application packet to: office@therapydogs.com – the payment link will be provided to you upon receipt.

**If you choose, you may overnight your application packet to:
1919 Morrie Avenue, Cheyenne, WY, 82001**

Did you test with an ATD Tester/Observer?

If you worked with an ATD Tester/Observer to perform your handling test and one or more observations and are finishing applying through the Alternative Review Committee you must submit the same requirements as listed above, except you will only submit 1 reference letter or a CGC.

Thank you,
The Alternative Review Committee
Alliance of Therapy Dogs
(877) 843-7364
(307) 432-0272

ALLIANCE OF THERAPY DOGS

2022 MEMBERSHIP APPLICATION

THIS APPLICATION MUST BE RECEIVED WITHIN SIX MONTHS FROM THE DATE OF THE Handling TEST, sections 1 -- 9

TYPE OR PRINT LEGIBLY IN INK

***INDICATES REQUIRED INFORMATION FOR MEMBERSHIP**

Existing member ID# _____

New member one handler/one dog team \$40. Additional evaluated handlers or dogs in the same household (see other side for fees)

Minimum age for regular membership is 18 years. Ages 12 through 17 may be tested for junior membership.

*Full Legal Name		
*Mailing address		
*City	*State	*Zip Code
*Day Telephone ()	Evening Telephone ()	
*Email		
*Dog's Call Name	*Breed or Mix type	
Dog's date of birth if known, or approximate age (minimum 1 year):	Circle: Male	Female
I would like a paper copy of the newsmagazine in lieu of a digital copy. YES <input type="radio"/> NO <input type="radio"/>		
Will you be using your dog in your line of work to perform therapy dog-type functions? YES <input type="radio"/> NO <input type="radio"/>		
If YES, what is your occupation?		
ATD insurance only covers you while volunteering. Supplemental insurance is available through ATD.		

***** THE FOLLOWING ITEMS ARE REQUIRED AND MUST BE INCLUDED FOR MEMBERSHIP*****

ATD DOCUMENTS:

- Sterling Volunteers Background Check Proof of Eligibility (except for junior handlers and current members in good standing) AND
- Completed ATD Test and 3 Observations
- This completed application AND
- Signed Release of Claims Form AND

- Signed Rules Review Form AND
- Fees (see next page) AND
- Completed Health Verification Form

NOTE: A separate set of forms must be completed for each dog/handler team.

I certify that I have read, and I understand the ATD Rules and Regulations, and insurance coverage as set forth by ATD. I agree to abide by these regulations when working with my dog under ATD's name. My dog will wear the official red heart shaped ATD identification tag, and I understand that I will be covered for liability under ATD's insurance while participating in visits under ATD's name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to provide the required annual veterinary care as set forth by ATD. I understand that as an ATD member, I am required to make a minimum of one volunteer visit every three months with my dog.

APPLICANT SIGNATURE _____ ***Date** _____

*Age of Applicant (if minor) _____

*Signature of Parent/Guardian if applicable _____ *Date _____

Instructions how to submit your paperwork found on the following Explanation of Membership Fees page.

ALLIANCE OF THERAPY DOGS
2022 MEMBERSHIP APPLICATION

You can email the paperwork to: office@therapydogs.com we will confirm receipt & send a link to pay dues online.

If you prefer to mail the documents, please keep a copy of your forms and send the originals to:

Alliance of Therapy Dogs, P.O. Box 20227, Cheyenne, WY 82003

If you Overnight/Express the paperwork, send to: 1919 Morrie Ave., Cheyenne, WY 82001

Phone: 877-843-7364 and website www.therapydogs.com

Explanation of Membership Fees

- Single membership fee (1 person/1 dog)
One person/dog team is \$30 per year
New member processing fee is \$10 per household
Total due for this new team is **\$40**

- Single membership fee (1 person/2 dogs)
First person/dog team is \$30
Additional dog(s) is \$10 each
New member processing fee is \$10 per household
Total due for this person with 2 dogs is **\$50**

- Two people in one household with one dog (2 people/1 dog)
First person/dog team is \$30
Second person in the same household is \$10
New member processing fee is \$10 per household
Total due for this household is **\$50**

- Two people in one household with two dogs (2 people/2 dogs)
First person/dog team is \$30
Second person in the same household is \$10
Second dog in the same household is \$10
New member processing fee is \$10 per household
Total due for this household is **\$60**

- Existing members
Each additional dog or handler in the same household is \$10.
You do not pay the membership fee or the processing fee again.

- Two members handling the same dog who do NOT live in the same household
Each will pay the full membership fee of \$30 and \$10 for processing. Each person has their own account and will receive their own member packet and renewal.

- Supporting membership (Membership without registered dog)
Total due for this person is \$20

One renewal date per household – October through March registrations will renew on January 1 of each year. April through September registrations will renew on July 1 of each year.

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I am aware of the inherent dangers of handling dogs in settings with people and with other dogs and I recognize the importance of following safety rules in all situations.

I understand that it is my responsibility to read, understand, and follow all Alliance of Therapy Dogs (hereinafter ATD) rules. I understand that it is not the purpose of ATD or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In consideration of the opportunity to apply for membership in ATD and other valuable consideration, I understand and guarantee that while I am participating in the ATD Test, including the observations, I am solely responsible for any injury, harm, or damage that may occur to those with whom I interact, my dog, my family or me and therefore absolve and hold harmless ATD, its officers, directors, members, agents, and/or employees from any liability and from any claim by me or my family or any other party arising out of my participation in this activity.

In consideration of membership in ATD and other valuable consideration, I release ATD from liability should injury, death, or damages occur to my dog, my family or me arising out of my involvement with ATD. I understand and guarantee that while I am participating as an ATD member, I am solely responsible for any incident that might occur should I fail to follow any and all ATD rules and therefore absolve ATD officers, directors, members, agents, or employees from any liability.

I shall indemnify ATD for any claims for damages against ATD by any third parties arising from any harm, injury, illness, death, property damage, or other damage while on ATD visits should I fail to follow any and all ATD rules. I also agree to pay ATD's reasonable costs and attorneys' fees in defending any claims and including attorney's fees and costs incurred to enforce the terms of this Agreement. I consent to the courts of Cheyenne, WY, having exclusive venue and jurisdiction over any disputes arising out of or in connection with this Agreement.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force, or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

- To your knowledge, has this dog ever bitten a person? Yes ____ (Date of bite _____) No ____

If yes to this question, the **membership process must cease** pending an investigation.

- Are you the owner of this dog? Yes ____ No ____
- Have you had a relationship with this dog for at least 6 months? Yes ____ No ____

If no, the team cannot be tested until this requirement is met.

Prospective Member

_____ Applicant Signature	_____ Date Signed		
_____ Print Full Legal Name	_____ Date of Birth		
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Signature of Parent or Legal Guardian (If applicable)			

The prospective member must sign this document before testing. A release for each handler/dog team must be returned with ATD Test and Member Application to the ATD office.

QUESTIONNAIRE

Please answer the following questions on a separate sheet of paper.

1. Are there any Alliance of Therapy Dogs Tester/Observers within approximately 40 miles of you? If so, have you tried to contact them to undergo the regular Alliance of Therapy Dogs registration process? What was their response? If you did not try to contact them, please tell us why not.
2. What training and/or classes have you and your dog experienced together?
3. Describe how your dog walks with you on a visit. What do you consider to be an acceptable position?
4. What should you do if a patient asks you for assistance, such as asking for a glass of water?
5. It is important to keep your dog's attention amid distractions. How would you respond if your dog barked at a motorized wheelchair or another type of medical equipment?
6. Describe how you would approach a patient, either from outside the room or in the hallway, to inquire if he/she would like a visit from you and your dog? What would you say? How would you respond if the person said he/she would not like a visit?
7. What would you do if there are two patients in a room and one wants you to bring the dog into the room and the other does not?
8. List all types of dog collars permitted for use on ATD visits?
9. What is the required leash length allowed by ATD on a visit?
10. What types of equipment are not allowed to be used and are not acceptable on ATD visits?
11. If your dog were to paw at or jump on someone, how would you respond?
12. What procedures must be followed if your dog accidentally injures someone during a visit?
13. In addition to a 4' or shorter leash and an approved collar, name three things that all ATD registered members **are required** to have with them during a visit
14. What is the minimum number of volunteer visits an ATD team must make to remain in good standing? (Using your dog at work while you are being paid does not count as a volunteer visit).
15. Do you plan to use your dog while you are at work? If so, please provide details.

Second Set of Questions for Second Member
of Household also Applying for Membership

Please answer the following questions on a separate sheet of paper.

1. Are there any ATD Tester/Observers within approximately 40 miles of you? If so, have you tried to contact them to undergo the regular **Alliance of Therapy Dogs** registration process? What was their response? If you did not try to contact them, please tell us why not.
2. What training and/or classes have you and your dog experienced together?
3. What is the weight limit for a dog to be placed on a person's lap?
4. When is a chemical substance (hand sanitizer) allowed to be offered to someone on a visit?
5. Under what condition, if any, may a dog be taken off its leash?
6. What type of shoes need to be worn on a visit?
7. What is the "Two foot rule"?
8. When does an Alliance of Therapy Dogs visit begin?
9. What is the minimum number of visits a member must make to remain a registered team?
10. What is the guideline concerning two dogs on a visit?
11. What is the age requirement for someone to accompany a handler/dog team on a visit?
12. If you must make or receive a cell phone call during a visit, how do you handle this?
13. How long should you wait after applying topical flea and tick preventative before making a visit?
14. Is it appropriate to leave your dog with a staff member while you use the restroom?
15. Do you plan to use your dog while you are at work? If so, please provide details.

EVALUATOR FORM

Thank you for participating in our pet therapy testing process.

We would normally have an Alliance of Therapy Dogs Tester/Observer evaluate a prospective member; however, there is none within a reasonable distance to evaluate this team. The use of a family member to test/observe or write a reference letter is not allowed.

You have been asked by the prospective team to conduct the attached test on our behalf, and we thank you in advance for agreeing to do so. Please check for a copy of a negative fecal exam within the past twelve months, proof of current rabies and proof of an annual exam done in the last twelve months for each applicant you test. If the applicant uses a rabies titer, the titer level must be 0.5 IU or higher and measured within the past two years.

Please record these at the top of the test document.

We would like to know more about you and your background and experience with dogs to ensure the integrity of the test. Please complete the short form below so that the prospective member may return it with the Alliance of Therapy Dogs Test.

Thank you for your cooperation.

Sincerely,
Alternative Review Committee

Name: _____
Address: _____
City State Zip: _____
Telephone: _____ email: _____

Are you presently a Canine Good Citizen evaluator, or have you ever been a CGC evaluator? How many years? Please include your Evaluator Number. Provide details of your experience and background with dogs.

Are you an obedience instructor? If so, do you teach for an obedience club or do you have your own school? How long have you been teaching? Provide details of your experience and background with dogs.

If you are not a CGC Evaluator or an obedience trainer, do you feel qualified & comfortable to conduct this test? Please provide some details about your experience/background with dogs. Please tell us what breeds you own, have owned or have trained.

2022 ALLIANCE OF THERAPY DOGS TEST

*** MUST BE RECEIVED BY THE OFFICE WITHIN SIX MONTHS FROM THE DATE OF THE HANDLING TEST ***

Applicant Full Legal Name:	Dog's Call Name:
-----------------------------------	------------------

Is this the first time being tested with this dog for ATD? Yes No

If tested before, please indicate the approximate previous testing date(s):

**The ATD test may be taken no more than three times with the same dog, with at least 30 days in between tests.
Falsification of any information will result in membership denial.**

BRING TO THE TEST:

- Proof that you have successfully completed the Sterling Volunteers background check
- A completed Health Verification Form

EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST

Handling Test Sections 1 – 9

1.	Handler's attention to instructions: Handler arrived at testing appointment with the following required items:		
	Did the handler bring an approved collar for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the handler bring an approved 4 foot or shorter leash for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the handler clean and dressed appropriately, including correct footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:		
2.	Initial meeting:		
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Were the handler and dog polite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog corrected/redirected for inappropriate behavior? <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog praised for good behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog clean and well groomed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
3.	Canine-human behavior: friendly stranger		
	Small dog held for testing* <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the dog bark at person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog interested in the person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was any sign of aggression demonstrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog corrected/redirected for inappropriate behavior? <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the handler praise the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
4.	Physical handling of the dog and dog's response:		
	Small dog held, lifted or carried for testing* <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stroking the head, body and tail with both hands	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Touching the paws	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Scratching/petting the throat	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Holding the ears	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL

*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

**A dog too short to be reached for petting must have its front legs lifted or propped up for this exercise.

5. Handler control of dog with a loose leash:			
Team moving forward, changing pace between normal, slow and quick	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Team making left and right turns and turning around	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stopping with dog staying calmly by the handler's side for 5 seconds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
A person rushing past the team while in motion (from front/back/sides)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Near a person walking unsteadily*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Team going up to a seated person for petting* **	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Small dog held, lifted or carried for testing*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
6. Canine-canine behavior: NEVER allow the dogs to be closer than 2 feet or to stare at another dog.			
Small dog held, lifted or carried for testing*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the dog bark at other dog(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the dog interested in other dog(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was any sign of unprovoked aggression demonstrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was the dog corrected/redirectioned for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the handler praise the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
7. Dog's apparent responsiveness:			
Did the dog demonstrate a willingness to participate in the exercises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If initially excited, did the dog calm down and begin to respond?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the dog exhibit signs of avoidance or stress during the test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
8. Does the handler have the ability to safely handle this dog?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
9. Did the handler follow your instructions during the handling portion of the test?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
Date of Handling Test:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
TESTER SIGNATURE			
TESTER NAME (print)			
Comments:			
Testing for an Exception?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
REQUIRED Specify the exception:			
If testing for an exception application goes through Alternative Review Committee			

New Member Health Verification Form

Questions: (307) 432-0272, 877-843-7364 or

office@therapydogs.com



sharing smiles and joy™

Please complete this form prior to arriving at the handling portion of the test. This form must be submitted with your complete application packet for membership.

Handler/Prospective Member Name _____

Ph# _____ Email _____

Dog's Name _____

Veterinarian Name _____

Veterinarian Address _____

Veterinarian City, State, Zip _____

Veterinarian Phone _____

**DATES & SIGNATURE TO BE COMPLETED BY THE
VETERINARIAN OR VET CLINIC STAFF ONLY**

* Date annual wellness exam was completed (within the past 12 months) _____

* Date current negative fecal exam was completed (within the past 12 months) _____

* Date current rabies vaccination was given _____ 1 year 3 year

OR Date of Rabies titer _____ titer level _____

(must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

The dog listed on this form has been examined in this clinic, and it is believed that this dog is healthy and free of internal and external parasites on the date listed above.

Required Veterinarian Signature/Clinic Stamp

Date Signed