



**RESERVATION FORM**

as of 5/2021

DOG NAME \_\_\_\_\_

DOG BREED (if known, or identifying characteristics) \_\_\_\_\_

DOG BIRTHDAY (day, month, and year) \_\_\_\_\_

OWNER NAME (and handler name, if different) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL AND TELEPHONE \_\_\_\_\_

\_\_\_\_\_ Please reserve a space for me at the \_\_\_\_\_ (date), therapy dog assessment session. My **\$50** registration fee is enclosed, or I have made an online payment.

\_\_\_\_\_ Please inform me of future therapy dog assessment dates.

Therapy dog assessment fees are payable by check or credit card. To pay online, visit <https://www.caninetherapycorps.org/book/certificationfee>. You may also mail checks, payable to Canine Therapy Corps, to:

**CANINE THERAPY CORPS, INC.**

3918 WEST FULLERTON AVENUE  
CHICAGO, IL 60647

[www.caninetherapycorps.org](http://www.caninetherapycorps.org)

PHONE: 773.404.6467

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FEIN: 36-3821587 CFC Charity Code: 45203



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Canine Therapy Corps, Inc. (CTCorps) empowers and motivates individuals to improve their physical and psychological health and well-being by harnessing the human-animal bond; provides goal-directed, interactive animal-assisted therapy services, free of charge, using volunteers and certified Therapy Dogs; and advances animal-assisted interventions through research and collaboration. CTCorps strives to empower every person in need to achieve their best outcome.

The majority of CTCorps' programs are goal-directed, interactive animal-assisted therapy, not visitation. This means that, while Therapy Dog Handlers (Handlers) are nearby, supervising and facilitating interactions, CTCorps Therapy Dogs typically spend the their program time being handled and commanded by program participants. Regardless of the type of program or interaction, it important that CTCorps Handlers and Volunteers consistently model, teach, and reinforce appropriate interactions with the Therapy Dogs. However, each individual Therapy Dog must be emotionally and temperamentally mature and able to behave appropriately without the need for constant handler feedback or reassurance. Invariably, Therapy Dog work consists of intense, stressful, and occasionally scary, painful, or dangerous situations and interactions. CTCorps expects Handlers to be proactive and prevent the development of these situations, to the extent possible, but this inevitability is why it is critical that CTCorps Therapy Dogs be of exceedingly sound temperament and health.

To the best of my knowledge, my dog \_\_\_\_\_ (dog's name) is temperamentally suitable for therapy work, not reactive or aggressive toward humans or other dogs, and has not been trained for personal or property/premises protection.

I understand, acknowledge, and agree that participation in CTCorps training or assessment sessions is not without some risk to myself, members of my family or guests who may attend, or my dog; that dogs are not always predictable; and the unexpected may occur.

I, on my own behalf and on behalf of my family, heirs, partners, successors, or assigns, hereby waive, release, and forever hold harmless CTCorps, its current and former officers, directors, employees, agents, evaluators, volunteers, successors, or assigns from any and all claims, damages, liabilities, actions or causes of action, demands, disputes, and equitable relief, whether known or unknown, resulting from participation in therapy dog training or certification, including, but not limited to, any injury or damage resulting from the action of any dog, including my own.

I understand, acknowledge, and agree that CTCorps does not guarantee therapy dog certification based on participation in training or assessment session, as results may vary based on many factors including, but not limited to a Therapy Dog Candidate's temperament, disposition, training, biddability, and prior experiences; Handler skill; and the amount of time spent training and modifying behavior, both human and canine.

Further, I understand, acknowledge, and agree that I, other participants, and guests at classes or therapy dog assessments will abide by any and all rules and policies set forth by CTCorps.

I hereby certify that as of this date, my dog is compliant with CTCorps' Certification of Animal Health Policy, which is incorporated herein by reference. I will maintain compliance with said policy, including any future changes, and I will provide written confirmation by my veterinarian of all of the above, as required.

Lastly, I have received and reviewed CTCorps' Therapy Dog Assessment, and I understand it is evaluated on a pass/fail basis.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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