



Therapy Dog Essentials Class Registration Form

Please complete this form and return it via email or mail it to the address below, along with:
1) a copy of your dog's current rabies certificate; 2) a signed copy of the Therapy Dog Release and Hold Harmless Agreement; and 3) a check in the amount of \$200.00 made out to Positive Partners Dog Training, or proof that you have paid via card.

Positive Partners Dog Training
ATTN: Brianne Harris
103 B Falcon View Dr
Banner Elk NC 28604

You must have made contact with Brianne Harris, payment made, and paperwork returned at least one week prior to the start of class. No refunds will be given once class starts.

Name of person handling the dog in class. If handler of dog is not an adult please state age:

Address: _____

Telephone: home _____ work _____

Cell _____

Regularly used email address: _____

Dog's Name _____

Breed or mix of breeds _____

Dog's color _____

Date of birth or age _____

Male

Female

Spayed

Neutered

Age of dog when you got him/her _____

How long have you had your dog? _____

Why do you think you and your dog would make a good therapy team; or what sparked your interest in becoming a team? _____

Veterinarian or Clinic Name _____

Is your dog up to date on his vaccinations as recommend by your veterinarian?

YES

NO

UNKNOWN

Does your dog have physical limitations or medical problems? YES NO

If yes, please describe: _____

List any medications your dog is on: _____

Do you have any physical /medical limitations that may affect your safety while participating in class, or that you feel we should know about prior to the start of classes?

YES

NO

If yes, please describe _____

Please list the people who live in your home and their ages:

NAME

AGE

Are there other pets in the home? Please list all pets.

Include name, type, and how long they have lived with you.

NAME

TYPE

HOW LONG

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

What type/s of food do you feed your dog?

Dry Kibble

Raw

Canned

Homemade

Table scraps

Other(describe) _____

Name the brand if a commercial diet is fed _____

How often is your dog fed? _____

Does your dog have any food allergies?

YES(describe) _____

NO

Is your dog overweight?

YES

NO

MAYBE

Where does your dog usually stay during the day? (check all that apply):

Indoors:

Not confined

In basement or garage

Crated

Confined to a room or area

Other _____

Outdoors:

Not confined/has freedom to run

In a kennel/run

Fenced yard/please describe type of fence _____

Tied/tethered

Other _____

Describe where your dog sleeps at night: _____

How many hours is your dog alone each day? _____

Please check the type and indicate average amount (in minutes) of exercise your dog gets on a DAILY basis:

Fetching (minutes) _____

Leash walks(minutes) _____

Playing in the yard by him/her self (minutes) _____

Playing with owner or other people (minutes) _____

Play with other dogs(minutes) _____

Not interested

Fearful

Shy

Interested but does not approach

Jumping

Other(describe)_____

What is your dog's typical reaction when meeting new people? (Check all that apply)

Friendly

Pulling leash

Tail wagging

Barking

Growling

Hair on end

Not interested

Fearful

Shy

Interested but does not approach

Jumping

Other_____

Have you ever been concerned about your dog's interactions with family or non-family members? YES NO

If yes please describe in detail:_____

Has your dog ever bitten or snapped at a person? YES NO

If yes please describe in detail:_____

Has your dog ever bitten another dog?

YES

NO

If yes, please describe in detail: _____

How does your dog react to having his/her ears handled? (check all that apply)

Moves/pulls/shies away

Tolerates

Neutral

Happy

Wags tail

Growls

Snaps

Other: _____

How does your dog react to having his/her body and tail handled? (check all that apply)

Moves/pulls/shies away

Tolerates

Neutral

Happy

Wags tail

Growls

Snaps

Other: _____

How does your dog react to having his/her feet handled? (check all that apply)

Moves/pulls/shies away

Tolerates

Neutral

Happy

Wags tail

Growls

Snaps

Other: _____

How does your dog react to sudden or loud noises? _____

Please list any professional training your dog has had – where it was and the instructor's name or name of business: _____

If formal training in a private/group setting was done check all methods used in this training:

Treats

Dog Psychology

Verbal corrections

Shock/E-collar /Vibration

Physical corrections

Clicker

Praise

Positive reinforcement

Choke/prong collars

Dominance/Pack leader

Please check all that apply to your dog:

Runs away

Doesn't come when called

Pulls on leash

Aggressive with other dogs

Barks excessively

Destructive when owner home

Shy or fearful in new or novel situations

Shy or fearful when first meeting new people

Shy or fearful around children

Jumps

Mouthy

Nervous

Anxious

Chews

Pushy

Steals food, objects, trash

Destructive when alone

Digs

Understands but will not obey

Urinate or defecates in house

Guards food/objects/people

Protective

Threatening/growling at other animals

Threatening/growling at family members

Jealous

Cutest dog ever!



Is your dog comfortable around or with:

Wheelchairs	YES	NO	UNKNOWN
Strollers	YES	NO	UNKNOWN
Crowds	YES	NO	UNKNOWN
Children	YES	NO	UNKNOWN
Elderly people	YES	NO	UNKNOWN

People acting oddly	YES	NO	UNKNOWN
Different types of flooring (tile,carpet, etc.)	YES	NO	UNKNOWN
Riding in a car	YES	NO	UNKNOWN

Is there anything you think might hold you or your dog back from becoming a therapy dog team?

List three things you like about your dog:

1. _____

2. _____

3. _____

For each behavior your dog knows estimate what percentage of the time he will do so when asked at home/then away from home. Example - 100%/25%

Sit _____ Down _____ Stay _____ Come _____

Quiet _____ Leave it _____ Give _____ Wait _____

Walk calmly on leash _____ Go to your place/crate _____

Off (furniture or when jumps up) _____

Brianne Harris
Tester/Observer
The Alliance of Therapy Dogs
919.690.5252
brianne@positivepartnersdogtraining.com
103 B Falcon View Dr
Banner Elk NC 28604
<http://positivepartnersdogtraining.com>