

**WMTD – By-Mail Prescreen Registration Form**

Handler Name: \_\_\_\_\_

Address:

Contact Phone:

Email:

What is your Dog's name?

What is your dog's breed?

What is your dog's date of birth (or date you celebrate if actual date of birth is unknown)

Approximate weight of dog, for therapy class bandana:

Does your dog have its Canine Good Citizen Certificate (CGC)? – Yes / No

\* Do you have participating family members? Must be ages 10 or older and only 2 handlers per class.  
Yes / No                      If Yes, please list the additional persons name:

Please enter date dog's next rabies vaccination due:

Have you worked with your dog for six months by the time of the test date? Yes / No

If the answer is No, you can go to a future testing date and select the appropriate test date.

Has this dog been trained for protection or has been encouraged to bite even as a component of a working task or in a competition? Yes / No

Dogs trained for protection encouraged to bite even as a component of a working task or in competition such as Schutzhund are excluded from WMTD classes and membership.

Is this dog is fed a diet of raw protein foods / Biologically Appropriate Raw Foods (BARF) Diet  
Yes / No

In compliance with the American Veterinary Medical Association's recommendations, as of 6/1/2008, dogs that are fed a raw protein diet (including BARF diets) are no longer eligible for WMTD registration.

Has your dog under gone previous Service Dog training? Yes / No

Therapy Dogs are well trained pets and are not the equivalent of Service Dogs. If you pet is a retired service dog or has past service dog training you need to verify with the service dog organization that it is now allowed to go through therapy dog training.

Prescreen Testing Date requested: \_\_\_\_\_

Preferred Time Slot: \_\_\_\_\_

2<sup>nd</sup> Choice Time slot: \_\_\_\_\_

3<sup>rd</sup> Choice Time slot: \_\_\_\_\_

**Mail Completed form to:**

West Michigan Therapy Dogs, Inc.  
P.O. Box 2533  
Grand Rapids, MI 49501-2533