

Dogs on Duty Therapy Dogs

Membership Application

This application must be received within six months from the date of the test

Type or print legibly in ink

****Indicates required information for Membership**

Existing member ID# _____
 New member one time processing fee.....\$40
 Single-One handler, one dog.....\$60
 Additional evaluated handler or dog in the same household.....\$25
 Supporting membership (Membership without registered dog).....\$25
 Junior membership (Ages 12-17 years).....\$25
 Minimum age for a regular membership is 18 years. Ages 12-17 may be tested for junior membership.

****Full Legal Name** _____ ****Social Security Number** _____
****Mailing Address** _____
****City** _____ ****State** _____ ****Zip** _____
****Daytime telephone** _____ ****Evening Telephone** _____
****Email** _____
****Dogs Call Name** _____ ****Breed or Mix type** _____
****Dogs date of birth if known, or approximate age** _____ ****Circle: Male Female**

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

This completed form AND	<input type="checkbox"/>	Completed Health Vaccination Form OR	<input type="checkbox"/>
Signed Release of Claims Form AND	<input type="checkbox"/>	Proof of current rabies vaccination or proof of rabies titer level greater than or equal to 0.5IU within 12 months AND	<input type="checkbox"/>
Completed DODTD Test	<input type="checkbox"/>	Proof of annual veterinary wellness exam within 12 months AND	<input type="checkbox"/>
Fees AND	<input type="checkbox"/>	Proof of negative fecal within 12 months	<input type="checkbox"/>
Signed Rules Review Form	<input type="checkbox"/>		

I certify that I have read and I understand the DODTD Rules and Regulations and insurance coverage set forth by DODTD. I agree to abide by these regulations when working with my dog under DOD's name. My dog will wear the official DODTD identification tag, and I understand that I will be covered for liability under DODTD's insurance while participating in visits under DODTD'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 DOD. I understand that as a DODTD member, I am required to make a minimum of one visit every month with my dog.

****Applicant Signature** _____ **Date** _____
****Age of Applicant (if minor)** _____
****Signature of Parent/Guardian if applicable** _____

Send to: Dogs on Duty Therapy Dogs 1125 Crystal Drive. St. Charles, MO 63304 Phone: 636-544-0988 Email: dogsondutymo@gmail.com or to Barb@dogsondutymo.org Website: www.dogsondutymo.org