



## Purrfect Dog Training

Kat Nordby

715-542-1044

www.purrfectdog.com

purrfectdog@live.com

## THERAPAW APPLICATION FORM

I take full responsibility in keeping up with the training and handling of the dog in public facilities. I will contact PDT in any case where I feel the dog needs to be evaluated in a specific area for support.

PDT will provide a full course of training for the testing to maintain the regulations of the therapy dog accessibility. First training course will take place at a Community Education program following a AKC CGC testing at the end of the course. Once completed, a scheduled time will be appointed for your dog to perform in public places taking the AAT (Animal Assisted Activities) State and Federal Requirement Guideline test.

Cost for an 8-week training course at Rhinelander Community Education: \$90.00

Cost for AKC Canine Good Citizenship Test at the end of the course: \$50.00

Cost for AAT State and Federal Testing will take place in public entities: \$300.00

I accept to make payment of \$100.00 to Kat Nordby for 8 Week Classes;

Payment of \$50.00 for AKC CGC testing to Kat Nordby;

If decided to register for Therapy Certification, full payment of \$350.00 to Kat Nordby which covers the final training registration, testing, vests, ID cards, patches, certification award, complete registration booklet and life support as long as your dog continues to serve on the THERAPAW team and continues therapy services in the community. Checks make payable to "Kat Nordby".

Scheduled time for public AAT testing will be made after CGC testing is completed.

I understand that cards and vests must be ordered in advance and payment of \$350.00 must be paid prior. No refund will be provided if I decide to not follow through with testing to cover costs of the ordered vests, cards, ect.

Liability Insurance should be addressed through your home insurance by providing them with the documentation provided to you. Please let them know your dog has gone through therapy testing in case of any mishaps from or to your dog.

\_\_\_\_\_  
Signature of owner of dog

\_\_\_\_\_  
Dated

Printed Owner name: \_\_\_\_\_

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

**Owner Information:**

Name \_\_\_\_\_

Address/Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Dog Information: Dog must be microchipped to be registered.**

Pet's Name \_\_\_\_\_ Micro chip ID # \_\_\_\_\_

Micro-chip company Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Dog's Sex \_\_\_ Male \_\_\_ Female      Dog's Age \_\_\_\_\_ Spayed / Neutered \_\_\_ Yes \_\_\_ No

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

Rescue or Breeder: \_\_\_\_\_

This dog has had \_\_\_ owners?

This dog was obtained: \_\_\_ Pet Shop \_\_\_ Stray \_\_\_ Friend or relative \_\_\_ Gift \_\_\_ Breeder \_\_\_ Rescue  
\_\_\_ Animal shelter \_\_\_ City impound facility

**Courses to be Taken:**

8 week Classes      YES \_\_\_\_\_ NO \_\_\_\_\_

CGC Testing      YES \_\_\_\_\_ NO \_\_\_\_\_

Therapaw's Testing      YES \_\_\_\_\_ NO \_\_\_\_\_

**Experience:**

Briefly describe the therapy setting(s) (nursing home, school, hospital, etc.) in which you and your dog volunteered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long did you volunteer? \_\_\_\_\_

Are you still volunteering or retired? \_\_\_\_\_ Still volunteering \_\_\_\_\_ Retired \_\_\_\_\_

(This does not affect your ability to earn the PDT THERAPAW Dog title. The PDT THERAPAW Dog title does not expire and is not removed when the dog is no longer working.)

**Purpose of a Therapy Dog:**

Therapy dogs are dogs that volunteer with their owners to improve the lives of others. Therapy dogs are not service dogs and they do not have the same public access as service dogs.

If my dog receives the PDT THERAPAW Dog title, I will not use the title in any way to present my dog as a service dog. This means I will not use the THERAPAW dog title for the purpose of gaining public access to planes, restaurants, public buildings, stores, etc.

Further, I understand that the PDT THERAPAW Dog title qualifies the dog to make visits and I agree to maintain a current status with my THERAPAW dog registration/certification organization as long as I am volunteering with my dog.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**CERTIFICATION:**

I certify that the information given in this application is true and accurate. I understand and agree that approval for the PDT THERAPAW Dog title is not guaranteed.

I agree that any cause of action, controversy or claim arising out of or related to this application or as to the construction, interpretation and effect of this agreement does not hold Purrfect Dog Training liable for any occurrences, circumstances, misconduct or harm that your dog may cause. Purrfect Dog Training is not liable to hold insurance on your dog as PDT has not had any interaction in the full training of your dog. You as an owner shall be liable to hold insurance coverage for any misconduct or negligent instance your dog may perform or you may contact the trainer who fully trained your dog.

\_\_\_\_\_  
Signature Date

**PDT Therapy Dog Title Application Checklist:**

- Therapy Dog Record of Visits Form or Letter on facility letterhead from certifying organization indicating the dog has made 20 visits or more.
- Submit Fee for 8 week classes (\$100.00) made payable to “Kat Nordby”.
- Submit Fee for recording the AKC CGC Testing (\$50) made payable to “Kat Nordby”
- Submit Fee for recording the PDT THERAPAW Therapy Dog title (\$350) made payable to “Kat Nordby”
- Schedule an appointment for Public State & Federal test once visits are completed.



## **THERAPAW APPLICATION FORM**

**Please submit below information prior to Therapaw's Public Service Testing:**

Make sure you have met the requirements below.

- Therapy Dog Record of Visits Form.
- Certificate from certifying organization indicating the dog has made 20 visits or more or a letter (see sample letter) from the facility (nursing home, school, hospital, library, or any public place) where the dog served as a therapy dog. Letters must be on facility letterhead.

Contact information of facilities must be provided for verification purposes. If you visited more than one facility for your 20 visits, attach the information for each facility.

- Clear ID pictures (one of you (head close up) and one of the dog (head close up))

Please send to my email: [purrfectdog@live.com](mailto:purrfectdog@live.com)