



Therapy Dogs of Vermont Certification Packet

Thank you for your interest in becoming a certified Therapy Dogs of Vermont team! This packet contains all of the forms and information needed for the certification process. TDV GUIDELINES AND POLICIES ARE AVAILABLE AS A SEPARATE DOCUMENT AT www.therapydogs.org; applicants are expected to review this document.

Your tester and/or evaluator will work with you to set up appointments for testing and evaluations—and give you directions and any special instructions. Please note that the last page of this packet contains a checklist for the vaccination paperwork we need from you. Please attach your veterinarian’s records to this packet; paperwork must clearly show that vaccinations are current.

Photo Identification: TDV will also provide you with a photo identification card for your dog. This card will offer proof of current membership and will be dated with an annual sticker on the back. In order to create this card for you, your tester may take a digital photo of your dog at the end of the certification process; however, this requirement must be met even if your tester does not take the photos for you; in other words, we require that you supply a digital photo (head shot) of your dog to your tester before we can process your completed application for membership. This photo should be completed prior to the final evaluation. The initial photo ID is free with membership; replacement IDs will be issued upon request for currently certified dogs at an additional charge.

Your tester and/or evaluator will advise you on how to handle the paperwork. Some testers will send in your paperwork to TDV for processing once you have completed all requirements—others will give you the paperwork back to send to TDV. Should you need to send in your own paperwork at the end of certification, you will mail this entire packet (completely filled out, with vaccination paperwork attached), and a check for the proper amount (see table below) to:

**Therapy Dogs of Vermont
P.O. Box 1271
Williston, VT 05495-1271**

QUESTIONS?
E-mail us at
admin@therapydogs.org

| | |
|---|---|
| Testing Fee <i>Non-refundable fee for testing. Once candidate satisfies certification requirements, this fee will be applied toward the first year membership.</i> | \$20 |
| Full membership per dog (first year) <i>Covers household family members tested and evaluated at the same time.</i> | \$60 |
| 2nd handler in a different household <i>\$10 rate applies if 2nd handler is tested and evaluated at the same time as primary handler; full membership rate applies if the second handler is tested and evaluated at a different time.</i> | \$10 |
| Annual renewal per member <i>This is base renewal, there are charges for additional handlers and dogs. Multiple dog discount:: Renewal fee covers the renewal for one do only, each additional dog carries an additional smaller fee.)</i> | Generally, ½ the amt. of first-year membership |

(rates effective 7/1/2009)

PLEASE READ THE TDV POLICIES AND GUIDELINES PRIOR TO TESTING AND EVALUATING WITH TDV. THIS DOCUMENT IS AVAILABLE AT WWW.THERAPYDOGS.ORG

You must be tested and evaluated by an approved TDV tester/evaluator.



THERAPY DOGS OF VERMONT: RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I, _____, City of _____,

State of _____, hereby certify I am aware of all the inherent dangers of handling dogs (mine and others) and of the basic safety rules for activities connected therewith. I understand that it is not the purpose of Therapy Dogs of Vermont to teach safety rules, obedience or handling of dogs and I'm familiar with Therapy Dog of Vermont Policies for handlers and dogs. I understand and guarantee that while I am participating in my three (3) visits prior to membership, I am responsible for any incident that might occur, and absolve and agree to hold harmless Therapy Dogs of Vermont from any liability.

I also understand and agree that neither Therapy Dogs of Vermont or its officers, directors, members or agents may be held liable in any way for any occurrence in connection with said activities which may result in injury, death or damages to myself, family, or my dog. In consideration of being a member of this organization I hereby personally assume all risks which may befall me while I am engaged in this activity whether foreseen or unforeseen and further hold harmless the above mentioned entities and persons from any claim by me, or my family or any other party arising out of my participation in this activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release, which I understand. I have fully informed myself of the contents of this affirmation and release by reading it before I signed it. I assume my own responsibility of physical fitness and capability to perform under the normal requirements of this activity.

I understand that TDV 3rd party liability insurance applies only when a currently registered therapy dog is participating in a TDV sponsored non-profit activity. I have read and agree to abide by TDV Policies during testing, during evaluations, and while volunteering.

Additionally, I will indemnify/hold harmless Therapy Dogs of Vermont from any incident that occurs regarding this dog after testing.

In Witness whereof, I have executed this affirmation and release on:

Date: _____

Date: _____

Witness:

Prospective Member/Releaser:

Signature

Signature

Parent or Guardian (if applicable)

Signature



Therapy Dogs of Vermont—CERTIFICATION TEST

Applicant Name: _____ Dog's Name/Breed: _____

Additional handlers? (*all handlers must be over the age of 14 and tested and evaluated with the dog*).

1. _____ 2. _____

| I. INITIAL MEETING | Yes | No | Needs Work | N/A |
|---|-----|----|-------------|-------------|
| Was the handler in control of the dog? | | | | |
| Was the handler clean and well groomed? | | | | |
| Was the dog clean and well groomed? | | | | |
| Was any sign of protection/aggression displayed when tester greeted the handler (shake hands, pat on the arm, and step close to handler)? | | | | |
| Was any sign of protection/aggression displayed in the presence of an odd stranger?* | | | | |
| Did the handler come prepared for the test per the guidelines (clean dog, required paperwork, short leash, etc.)? | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |

| II. OBEDIENCE and MANNERS | Yes | No | Needs Work | N/A |
|--|-----|----|-------------|-------------|
| Is the dog able to walk on a loose lead going at slow, fast, and normal paces? | | | | |
| Able to turn around as well as walk left and right? | | | | |
| Was the dog able to stop at the handler's side and wait patiently? | | | | |
| Was the dog able to perform sits, downs, sit stays and down stays (on leash)? | | | | |
| Was the dog able to leave/pass by a desired object or food treat at the handler's command? | | | | |
| Was there any issue with too much sniffing, head butting, or any other behavior inappropriate for making visits? | | | | |
| Was there any issue with barking, whining or other vocalization? | | | | |
| Was the dog able to remain at handler's side with a distraction, (<i>i.e., ball bounced nearby; person running from front</i>) | | | | |
| Is the handler aware of the dog's reactions and needs? Acts proactively? | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |



| III. HANDLING THE DOG | Yes | No | Needs Work | N/A |
|---|-----|----|-------------|-------------|
| Able to remain calm after a loud noise? | | | | |
| Dog comfortably allowed tester to pet their head? | | | | |
| Dog was comfortable with tester petting their body? | | | | |
| Tester could hold dog's tail? | | | | |
| Tester could hold each of dog's paws? | | | | |
| Dog allowed the tester to scratch the throat under the chin? | | | | |
| Tester could gently pet and stroke dog's ears? | | | | |
| Tester could lean over the dog? | | | | |
| Dog was comfortable a hand on its back? | | | | |
| Dog was comfortable with the tester lifting its lips several times? | | | | |
| Dog was comfortable with gentle pressure on the collar? | | | | |
| Was dog comfortable with rapid, direct approach and sustained, direct eye contact? | | | | |
| Was dog comfortable with exuberant/clumsy patting? Erratic noises/behavior/approach? | | | | |
| Was the dog comfortable being stood over? | | | | |
| Was dog comfortable with being hugged for several minutes? | | | | |
| Was dog comfortable being bumped into? | | | | |
| **Was dog able to take a treat gently (in presence of other dogs)? | | | | |
| Was dog comfortable with being petted by several people at once in a crowd? | | | | |
| <p><i>**Unless dog is aggressive, not being gentle with a treat is not cause for failure – but handler should be aware that dog may not be given treats by people.</i></p> <p><i>NOTE: A dog that spooks at any of the above may not be cause for failure – depends on severity, how quickly the dog recovers, and how the handler manages and supports the dog. However, a fear-aggression response is grounds for failure</i></p> | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |

| IV. DOG TO DOG INTERACTION (not necessary for dogs to meet face to face) | Yes | No | Needs Work | N/A |
|---|-----|----|-------------|-------------|
| Did the handler demonstrate having control over the situation? | | | | |
| Did the dog bark or lunge at another dog? | | | | |
| Was the dog's interest appropriate with another dog? (Was the dog responsive to the handler in the presence of other dogs and able to work calmly around them?) | | | | |
| Was any sign of aggression displayed? | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |

| V. DOG TO HUMAN INTERACTION | YES | NO | Needs Work | N/A |
|--|-----|----|-------------|-------------|
| Did the handler demonstrate having control over the situation? | | | | |
| Did the dog bark or jump at any person? | | | | |
| Was the dog's interest appropriate with another person? | | | | |
| Was any sign or aggression displayed? | | | | |
| Was there any sign of excessive licking or lunging or barking? | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |

| VI. VISITATION EVALUATION | YES | NO | Needs Work | N/A |
|---|-----|----|-------------|-------------|
| Did the handler demonstrate having control over the situation? | | | | |
| If initially excited, did dog calm down and respond to handler? | | | | |
| Did dog bark or jump on anyone? | | | | |
| Did the dog appropriately interact with other dogs? | | | | |
| Was the dog willing to participate in the visit? | | | | |
| At any point, did the dog become unresponsive? | | | | |
| Was the handler enthusiastic and friendly during the visit? | | | | |
| Did the dog show any signs of stress? Was the handler aware of these signs? | | | | |
| Did the handler demonstrate a knowledge of the guidelines and adhere to them during the visits? | | | | |
| Did the handler come prepared for the evaluation—complete with clean dog, and short leash? | | | | |
| NOTE: The evaluations must be completed within 6 months of the test | | | | |
| Comments: | | | | |
| | | | Pass: _____ | Fail: _____ |

Date of Test: _____ Location/Facility: _____

Tester's Signature: _____

Date of Evaluations: _____ Location/Facility: _____

Evaluator's Signature: _____

Explanation of TDV Test Standards by Section

Even though training and educating a dog is an ongoing process, TDV expects teams to have a solid foundation in obedience and a positive working relationship. We expect a dog and handler with an established partnership—involving training, socialization, trust, and respect. When we are evaluating this teamwork and training, we are looking for a balance, moderation in approach and attitude of working together. For example, a handler who uses treats constantly may signal a problem—a dog will not work unless offered a bribe.* Likewise, a handler who administers constant or unfair correction may also signal a relationship/training level not ready/suitable for therapy dog work. Among other things, we consider:

- **Mutual respect**—a dog and handler that for the most part understand each other and a handler who understands the dog and can communicate what is expected to the dog?
- **Handler aware of the dog's reactions and needs**—for example, if dog is nervous or overwhelmed by a large group of children, does the handler support the dog (or remove it from the situation)?
- **The too much or too little guidance.** Too many treats? Too many corrections? Too little praise?

I. INITIAL MEETING

- Being able to control your dog under normal as well as unexpected circumstances is critical. Teams will often encounter unexpected situations/noises/human behaviors.
- Both handler and dog must be well groomed and dressed appropriately as if they were on an actual volunteer visit. This demonstrates the professionalism of the team.

II. OBEDIENCE

- This part of the test shows that the dog has some good manners and training. The dog must readily respond to handler's commands. Force should not be used.
- It is expected that you are able to correct your dog for poor behavior. Corrections are expected to be gentle and constructive, not punitive. Therapy work can be stressful for your dog. It is expected that you will reward your dog, from time-to-time, as appropriate for good behavior, as is consistent with good team behavior.

III. HANDLING THE DOG

- Handling the dog builds on obedience by evaluating how the dog responds to unexpected noises and behaviors such as clumsy petting, and being touched on paws, tail, collar, etc by a friendly stranger. Handler must have sufficient control to help guide dog gently through unexpected events and behaviors when volunteering.

IV. DOG-TO-DOG INTERACTION

- Since teams often work together, it is important that all therapy dogs who are working together are focused on their therapy task, and not interested in inappropriate interactions with fellow team member dogs.
- This part of the test demonstrates that your dog can behave politely around an approaching dog. Also, it shows that the handler can anticipate his/her dog's response to other dogs and respond proactively.

V. DOG TO HUMAN INTERACTION

- This part of the test looks at whether the dog has suitable social skills for interacting with other humans and demonstrates that dog can greet strangers appropriately.

VI. VISITATION EVALUATION

- The evaluation looks at how the team performs together in an actual volunteer visitation. It is critical here, that handler is in control of the dog and the dog is comfortable moving with the handler. Dog and handler's response are both being evaluated here. Is dog responsive to strangers in a friendly, positive way? Is handler friendly, enthusiastic, and in control of dog's actions at all times?

*The use of spraying collars (such as citronella) or electric collars, spray bottles or spraying devices of any kind, and clickers and other such noise-making devices are prohibited per the visitation guidelines (see above) and are not allowed during the testing. Testers may also prohibit the use of any food treats (or toys used as reward) during the test as the purpose of the test is to determine if the dog can be controlled by the handler if no special incentives are offered.

THERAPY DOGS OF VERMONT: APPLICATION FOR MEMBERSHIP

NAME(S): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____

E-MAIL: _____

BUSINESS/OCCUPATION: _____

DOG'S NAME: _____ Male Female

BREED/MIX: _____

I certify that I have read and understand all of the policies and insurance coverage as set forth by Therapy Dogs of Vermont (TDV). I certify that I have not falsified anything about myself or my dog. I agree to abide by these policies while participating in TDV sponsored events and TDV visits. I further agree to abide by the policies and policies of any facility where I may be working my dog under the name of Therapy Dogs of Vermont.

I certify that I am applying for TDV membership solely so that I can volunteer with my dog to make therapy dog visits in the community.

I certify, to the best of my actual and constructive knowledge, that the dog I am presenting to TDV for certification has not been involved in an aggressive incident which has caused physical harm to a human or another dog(s); that the dog has never been used for dog-to-dog fighting, trained to attack humans, or has engaged in any other activity that would pose a threat to humans or other dogs; and that the dog is not probable source of danger.

SIGNATURE of Handler: _____ Date: _____

Signature of Parent/Guardian, if applicable: _____

This completed application must be accompanied by a completed test, liability waiver, proof of current vaccinations, appropriate fee, and digital photo of the dog to be certified (for photo identification). Membership fees provide insurance coverage while on TDV visitations and sponsored events, 4 newsletters per year, 1 TDV bandanna, 1 TDV dog tag, 1 TDV bumper sticker, photo identification/membership card, and ability to participate in any and all TDV sponsored events.

Renewal of membership is yearly.

Choose Bandanna Color: Hot Pink Dark Green Maroon Purple
 Red Chambray (denim-like blue)

Make sure that a digital head shot of your dog is provided before the final evaluation.

www.therapydogs.org admin@therapydogs.org

THErapy DOGS OF VERMONT: PROOF OF VACCINATION AND HEALTH CHECKLIST

Government and hospital regulatory organizations require increasing diligence from health care facilities regarding patient care. For therapy dog programs, this means ensuring dogs are up to date with the rabies vaccination, clean, and in good health. Some healthcare facilities may require additional dog health records or vaccinations to satisfy individual program requirements.

TDV requires new members to produce proof that their canine candidate has been properly immunized for rabies before being tested. That proof must also accompany the membership application to be kept on file with TDV. Additionally, members may be asked send updated vaccination paperwork each year during membership renewal.

Please check off the items below and sign/date. Attach proof of current rabies vaccination, clearly showing the date the vaccination expires.

- Rabies certificate attached.**
- During the evaluation phase and as a TDV member, I will not take my dog on visits if he/she is not feeling well or has any symptoms of illness. I will ensure my dog is clean and free from parasites when making visits.**
- My dog is not on a raw meat diet.**
- Once I become a member, I agree to maintain my dog's rabies vaccination.**

DATE: _____ Signature: _____