



## Companion Paws Assisted Therapy Dog Registration

Please complete the following:

1. Membership Registration
2. Annual Health & Vaccination Record- negative fecal within 60 days of evaluation
3. Copy of up to date vaccination records including Rabies, Distemper & Bordetella
4. Signed Rules & Regulations
5. Copy of current dog license
6. E-mail (2) pictures (JPEG format) of your dog (head & shoulders)

Dog photos must be taken like passport photos:

Light, Neutral background with no objects or anything in background.

No people in background.

Hi Res photo (as high as your camera will allow.)

Landscape orientation NOT portrait. (Wide Rectangle, NOT Tall rectangle)

Dog in center of frame with lots of room on left and right.

Dog Looking at camera (or close to).

You may email your completed packet to [certified@thelifelinecanada.ca](mailto:certified@thelifelinecanada.ca) or you may also mail your completed packet to:

The LifeLine Canada Foundation  
Attn: Companion Paws  
PO Box 21040, Orchard Park Post Office  
Kelowna, British Columbia  
V1Y 9N8, Canada

If you have any questions regarding this application, please e-mail us at [certified@thelifelinecanada.ca](mailto:certified@thelifelinecanada.ca)

**\*\*Please note that you are not permitted to do any assisted work without a current registration and identification card.**

**Handler Information:**

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

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Are you over 18?  Yes  No If no, how old are you? \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

**Dog Information:**

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

D.O.B.: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Spayed/Neutered?:  Yes  No

Male/Female (Circle One) Current Vaccinations?:  Yes  No (provide documentation)

Has your dog ever been aggressive towards or bitten anyone or another animal?:  Yes  No If yes, please explain \_\_\_\_\_

Vest Size (Circle One): XSmall (5-15lbs) Small (15-30lbs), Medium(30-60lbs), Large(60-80lbs), X-Large(80+lbs)

**Assisted Therapy Workplace Information:**

Handler Workplace Title: \_\_\_\_\_

Business Name (where the Assisted Therapy Dog will be attending): -  
\_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Annual Health & Vaccination Record

*(To be completed by your veterinarian. This is mandatory for Registration and Renewal)*

Owner/Handler Name \_\_\_\_\_ Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_

Spayed or Neutered (Circle One)

Date of check-up \_\_\_\_\_

VACCINE	DATE VACCINE ADMINISTERED	DATE VACCINE EXPIRES
DA2PP		
CANINE INFLUENZA		
BORDATELLA		
RABIES		

**FECAL EXAM:** A fecal exam with a negative result must be performed within 60 days of TLC's Companion Paws Therapy Dog Evaluation, then annual thereafter. Date of Test \_\_\_\_\_

Results (Circle One) Positive Negative

**As this dog's Veterinarian, I affirm that the information stated above is a truthful account of its veterinary record. I certify that I have examined the dog named above and find this dog physically and mentally healthy, free of parasites and contagious diseases.**

\_\_\_\_\_  
**Print Name of Veterinarian**

\_\_\_\_\_  
**Phone Number of Veterinarian**

\_\_\_\_\_  
**Signature of Veterinarian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Veterinary Clinic & Address**