



Companion Paws Personal 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. Copy of current dog license
5. 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 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

Membership Registration

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

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:

X Small

Large

Small

X-Large

Medium

Annually, for Personal Therapy Dog registration, you must submit an updated veterinarian's medical record and have an annual Temperament Assessment for registration.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____