

THIS FORM MUST BE FILLED OUT COMPLETELY AND LEGIBLY PRIOR TO EVALUATION

Evaluators Use: Dog Number Tested _____ TDI _____ CGC _____ Pass _____ Did Not Pass _____
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**Registration for Therapy Dogs International Evaluation
And Canine Good Citizen Evaluation**

Reminder: The dog must be at least one year of age for TDI.
No food/treats during any evaluation. Only flat collars permitted.
No eliminating during evaluation (indoors/outdoors).

Person Handling Dog
Full Address

City: _____ State: _____ ZIP: _____

Email _____

Phone _____ Home: _____ Mobile: _____

Dog's Call Name _____ Age _____ Breed _____

How much formal training has this dog had?

None _____ 1-2 obedience classes _____ 3-4 obedience classes _____ Obedience titles _____

Proof of Rabies Vaccination (Tag) _____ Proof of City/County License (Tag) _____

By accepting the Canine Good Citizen certificate/Therapy Dogs International papers I agree to be a responsible dog owner.

Initial each of the three after reading/agreeing.

_____ I will be responsible for my dog's health needs. These include: routine veterinary care including check-ups, adequate nutrition, clean water, grooming

_____ I will be responsible for my dog's safety. I will properly control my dog by providing fencing, not letting my dog run loose and use a leash in public. I will ensure that my dog has some form of I.D. (tags, tattoos, or microchip) .

_____ I will be responsible for my dog's quality of life so that my dog will be welcomed in our neighborhood. I will make sure that my dog never infringes on the right of others (by barking, running loose, etc).

_____ I understand that basic training is beneficial to all dogs.

_____ I understand that owning a dog is a commitment in time and caring.

I understand that I am solely responsible for the actions of myself and my dog(s) prior, during and after the TDI/CGC evaluation while on the premises where the Evaluation is being held (including parking areas). I agree to hold TDI/AKC officers/directors/evaluators/assistants and the facility where the test occurs harmless for any actions of myself or my dog(s) while on the premises.

I have read the above statement and acknowledge that I understand and agree to this statement.

SIGNED: _____ **DATE:** _____