



Alliance of Therapy Dogs

Dear Friend,

Thank you for your interest in membership with Alliance of Therapy Dogs (ATD). Qualifications for ATD begin with a friendly dog, any breed or mix, and an owner/handler who has a desire to share their dog with others in a volunteer capacity. Dogs must be at least one year of age to be tested and observed.

Our process begins with a background check. Given the world today, our focus must be on the safety of our clients and the facilities we visit. These background checks also ensure that we can keep our insurance premiums low and, thus, keep your yearly fees low.

Once you have completed your background check, you can test with one of our Tester/Observers in your area. This test includes basic handling skills first, and if you and your dog pass, you move to the next step of three supervised visits.

Upon successful completion, the following must be submitted for review and processing for membership:

- ✓ Proof that you have successfully completed the Sterling background check
- ✓ Completed Member Application and ATD Test
- ✓ Release of Claims form
- ✓ Correct membership fees
- ✓ Completed Health Verification Form
- ✓ Signed Rules Review
- ✓ Membership Fee

All these items must be completed and returned together to process your membership in a timely manner.

You must bring the items above to your initial test that you have scheduled with the Tester/Observer.

Please also bring:

- ✓ Four foot or shorter leash and ATD approved collar (see ATD Member Guidelines)
- ✓ Water for dog (have available)
- ✓ Bag for clean-up (have available)
- ✓ Paper towels or towel (have available)

The application, test, and copy of our Rules and Regulations are enclosed. A list of the Tester/Observers in your area, the link to begin the background check, and additional information like presentations and forms are on our website: www.therapydogs.com.

We look forward to hearing from you!

Alliance of Therapy Dogs
P.O. Box 20227, Cheyenne, WY 82003
1-307-432-0272, 1-877-843-7364
1-307-638-2079 (fax)
office@therapydogs.com
www.therapydogs.com

YOUR BACKGROUND CHECK

As a volunteer organization, we care about our program and the quality of the individuals who help us. ATD requires a background check for all prospective members, except junior member applicants, prior to being tested.

ATD feels it is an important process to assure we are bringing in members who are trustworthy. It is becoming a norm in our society to have volunteers go through a background check. It will provide the facilities we visit with a sense of comfort that our volunteers have been properly screened. Background checks prior to testing will also help to keep our insurance premiums low and, thus, keep your yearly fees low.

ATD has selected Sterling to run the background checks on our volunteers. All information about the process is on our website, www.therapydogs.com. The cost for the background check is \$20.00, which also allows you to share the results with other organizations. The first share with one other organization is free.

After you complete the background check, ATD will look over the results and notify you when you can begin the testing process. You will be sent a letter/email to present to the T/O who will be testing you and your dog.

You can complete your background check from the ATD website: www.therapydogs.com.

Here are the steps:

- Go to www.therapydogs.com
- Click on **Join**
- Select **Be a Member**
- Scroll down and select **Begin your Background Check**
- Follow the directions to provide the necessary information to run the background check.

If you do not have computer access, please contact the office at 307-432-0272 or 877-843-7364.

Once the background check is completed, you will receive an email/letter confirming your eligibility to take the ATD test. You may then contact a Tester/Observer to begin the testing process. If, after one week, you do not receive emails confirming your application and then informing you of your eligibility status, check your computer's spam/junk mail folder.

If you still cannot find/did not receive the email, you may present to the Tester/Observer a printout of the first page of the "Confidential Background Check Report" (click the badge on your Sterling Volunteer page to access).

If there is any concern about the background check, you will be contacted by ATD for additional information.

ATD Important Facts, Rules and Guidelines to Know Before Testing

You are responsible for reading and knowing the guidelines below before completing your testing process

In addition, if you pass testing, you will be required to know all the rules and guidelines in the Member Handbook that will be sent to you.

<p>Incident or Injury</p> <ul style="list-style-type: none"> • If an incident or injury to an employee, resident, or visitor in the facility occurs while representing ATD: • Immediately contact the facility’s supervisor on duty. • If the incident is a suspected bite, end the visit immediately. • Document the incident on all required forms for the facility. • Immediately contact the ATD office and report the incident. If after hours or during a weekend, please leave a voice message and make contact with the ATD office during the next business day. 	<p>Your dog is your first priority</p> <ul style="list-style-type: none"> • While participating on an official ATD visit, handlers must have their attention on their dogs for the safety and welfare of their therapy dogs as well as those whom they visit. • Do not become so comfortable that you become careless. Excuse yourself and your dog from any situation you do not believe will be a positive experience for all involved. • Never put yourself or your dog in a questionable or threatening situation. • Monitor the body language of your dog for signs of stress including but not limited to excessive panting; hiding behind you; shaking; jumping or climbing on you for security; yawning or changing facial expression; ears flat and tail tucked; looking to escape and refusing to socialize. 	<p>Dog equipment</p> <ul style="list-style-type: none"> • Equipment that is not allowed: clickers, retractable, elastic/bungee or chain leashes, pinch, prong, spiked or electronic collars and body halters or harnesses fastened with Velcro® or metal clothing snaps. • Permitted equipment: slip, buckle, quick release, martingale, limited slip or any other smooth collars made of chain, nylon or leather; and head and body halters/harnesses made of fabric webbing or leather with metal or plastic buckles. • The collar should fit snugly enough so the dog cannot easily back out of the collar or slip it off of his/her head. A slip collar should be correctly worn so it releases properly as designed. • Dogs wearing a body halter/harness, or a head halter must also wear an approved collar. The leash may be attached to the collar, halter, or harness. • Leashes must be 4 feet in length or shorter and made of material strong enough for the size/strength of the dog. The use of a traffic leash is recommended for large dogs.
<p>Items Required on Visits</p> <ul style="list-style-type: none"> • Current membership card • ATD red heard ID tag worn on collar, harness, vest or leash • Written proof of dog’s vaccinations carried with them or in the car 	<p>Starting a visit</p> <ul style="list-style-type: none"> • The visit begins as soon as you reach the facility property, including the parking lot. • The visit does not end until you leave the facility property. 	<p>Face-to-Face</p> <ul style="list-style-type: none"> • Do not allow your dog’s face near a human’s face. • Facial kisses are not allowed.
<p>Dogs on laps/furniture</p> <ul style="list-style-type: none"> • The ATD member/handler must know and strictly adhere to the facility policy concerning dogs on any laps/furniture. • This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds, or physical therapy beds/pads. The handler must be in control of the dog’s head at all times. • Dogs over 15 pounds cannot be placed on laps • Dogs under 50 pound can be placed on occupied furniture. • All dogs may be placed on unoccupied furniture 	<p>Handler attire</p> <ul style="list-style-type: none"> • Skimpy or tight-fitting attire including short shorts, tank tops, and bare midriffs are not allowed. • Wear sensible, safe walking shoes with backs or at least a strap around the heel (no flip-flops, high heels, spike heels or shoes without backs). 	<p>Only handlers may handle their dogs •</p> <ul style="list-style-type: none"> • Handlers must never leave their dogs alone with staff, patients, or visitors. • Dogs must be kept on a 4-foot or shorter leash held only by the member/handler. The leash must be held by the member’s hand at all times. <p>Two Foot Rule</p> <ul style="list-style-type: none"> • Dogs must be kept at least 2 feet from other dogs and animals at all times while on an ATD visit to discourage play, to give dogs enough personal space for focusing on the person being visited, and to prevent any interaction between dogs that could lead to an injury to a third party, the handlers or their dogs. • If a dog prefers more than 2 feet, the handler should provide for the dog’s needs. You are not covered by insurance if your dog is within 2 feet of another animal, including when posing for photos.

New Member Health Verification Form

Questions: (307) 432-0272,-877-843-7364 or
office@therapydogs.com



Please complete this form prior to arriving at the handling portion of the test. This form must be submitted with your complete application packet for membership.

Handler/Prospective Member Name _____

Ph# _____ Email _____

Dog's Name _____

Date of annual physical exam _____ (must be current within the last 12 months)

Date of negative fecal exam _____ (must be current within the last 12 months)

Date current rabies vaccination was given _____ 1 year 3 year

OR Rabies titer _____ titer level _____ (within the last 2 years and greater than or equal to 0.5 IU)

Veterinarian Name _____

Veterinarian Address _____

Veterinarian City, State, Zip _____

Veterinarian Phone _____

The dog listed on this form has been examined in this clinic and it is believed that this dog is healthy and free of internal and external parasites on the date of the annual physical exam listed above.

Required Veterinarian Signature or Clinic Stamp

Date

THIS APPLICATION MUST BE RECEIVED WITHIN SIX MONTHS FROM THE DATE OF THE TEST

TYPE OR PRINT LEGIBLY IN INK

*INDICATES REQUIRED INFORMATION FOR MEMBERSHIP

Existing member ID# _____

New member one handler/one dog team \$40

Additional evaluated handlers or dogs in the same household(see other side for fees)

Minimum age for regular membership is 18 years. Ages 12 through 17 may be tested for junior membership.

*Full Legal Name		
*Mailing address		
*City	*State	*Zip Code
*Day Telephone ()	Evening Telephone ()	
*Email		
*Dog's Call Name	*Breed or Mix type	
Dog's date of birth if known, or approximate age (minimum 1 year):	Circle: Male	Female
I would like a paper copy of the newsmagazine in lieu of a digital copy. _____		

*** THE FOLLOWING ITEMS ARE REQUIRED AND MUST BE INCLUDED FOR MEMBERSHIP***

ATD DOCUMENTS:

- Sterling Volunteers Background Check Proof of Eligibility (except for junior handlers and current members in good standing) AND
- Completed ATD Test and observations AND
- This completed application AND

- Signed Release of Claims Form AND
- Signed Rules Review Form AND
- Fees AND

PROOF OF DOG'S HEALTH:

- Completed Health Verification Form

NOTE: A separate set of forms must be completed for each dog/handler team.

I certify that I have read, and I understand the ATD Rules and Regulations and insurance coverage as set forth by ATD. I agree to abide by these regulations when working with my dog under ATD's name. My dog will wear the official red heart-shaped ATD identification tag, and I understand that I will be covered for liability under ATD's insurance while participating in visits under ATD's name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to provide the required annual veterinary care as set forth by ATD. I understand that as an ATD member, I am required to make a minimum of one visit every three months with my dog.

APPLICANT SIGNATURE _____ *Date _____

*Age of Applicant (if minor) _____

*Signature of Parent/Guardian if applicable _____ *Date _____

Please keep a copy of your application and test forms and send the originals to:

Alliance of Therapy Dogs, P.O. Box 20227, Cheyenne, WY 82003

If you Overnight/Express the paperwork send to: 1919 Morrie Ave., Cheyenne, WY 82001

You can email the paperwork to: office@therapydogs.com we will confirm receipt & send a link to pay dues online.

Explanation of Membership Fees

- Single membership fee (1 person/1 dog)
One person/dog team is \$30 per year
New member processing fee is \$10 per household
*Total due for this new team is **\$40***

- Single membership fee (1 person/2 dogs)
First person/dog team is \$30
Additional dog(s) is \$10 each
New member processing fee is \$10 per household
*Total due for this person with 2 dogs is **\$50***

- Two people in one household with one dog (2 people/1 dog)
First person/dog team is \$30
Second person in the same household is \$10
New member processing fee is \$10 per household
*Total due for this household is **\$50***

- Two people in one household with two dogs (2 people/2 dogs)
First person/dog team is \$30
Second person in the same household is \$10
Second dog in the same household is \$10
New member processing fee is \$10 per household
*Total due for this household is **\$60***

- Existing members
Each additional dog or handler in the same household is \$10.
You do not pay the membership fee or the processing fee again.

- Two members handling the same dog who do NOT live in the same household
Each will pay the full membership fee of \$30 and \$10 for processing. Each person has their own account and will receive their own member packet and renewal.

- Supporting membership (Membership without registered dog)
Total due for this person is \$20

One renewal date per household – October through March registrations will renew on January 1 of each year. April through September registrations will renew on July 1 of each year.

RELEASE OF CLAIMS FOR ACCIDENTAL INJURY

I am aware of the inherent dangers of handling dogs in settings with people and with other dogs and I recognize the importance of following safety rules in all situations.

I understand that it is my responsibility to read, understand, and follow all Alliance of Therapy Dogs (hereinafter ATD) rules. I understand that it is not the purpose of ATD or its agents to serve as guardians of my safety or as guarantors of my responsibilities or liabilities. In consideration of the opportunity to apply for membership in ATD and other valuable consideration, I understand and guarantee that while I am participating in the ATD Test, including the observations, I am solely responsible for any injury, harm, or damage that may occur to those with whom I interact, my dog, my family or me and therefore absolve and hold harmless ATD, its officers, directors, members, agents, and/or employees from any liability and from any claim by me or my family or any other party arising out of my participation in this activity.

In consideration of membership in ATD and other valuable consideration, I release ATD from liability should injury, death, or damages occur to my dog, my family or me arising out of my involvement with ATD. I understand and guarantee that while I am participating as an ATD member, I am solely responsible for any incident that might occur should I fail to follow any and all ATD rules and therefore absolve ATD officers, directors, members, agents, or employees from any liability.

I shall indemnify ATD for any claims for damages against ATD by any third parties arising from any harm, injury, illness, death, property damage, or other damage while on ATD visits should I fail to follow any and all ATD rules. I also agree to pay ATD’s reasonable costs and attorneys’ fees in defending any claims and including attorney’s fees and costs incurred to enforce the terms of this Agreement. I consent to the courts of Cheyenne, WY, having exclusive venue and jurisdiction over any disputes arising out of or in connection with this Agreement.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that my guardian has executed this release along with me. I understand these terms are contractual and I have signed this document as my own free act and deed and without fraud, force, or undue influence.

I have read the contents of this document, am fully informed of its contents and affirm that I understand its contents. In addition, I assume my own responsibility for my physical fitness in regard to my ability to perform the functions required for this activity.

To your knowledge, has this dog ever bitten a person? Yes ____ (Date of bite_____) No ____
If yes to this question, the **membership process must cease** pending an investigation.

Are you the owner of this dog? Yes____ No____

Have you had a relationship with this dog for at least 6 months? Yes____ No____

Prospective Member

Applicant Signature

Date Signed

Print Full Legal Name

Date of Birth

Address

City

State

Zip Code

Signature of Parent or Legal Guardian (If applicable)

The prospective member must sign this document before testing. A release for each handler/dog team must be returned with ATD Test and Member Application to the ATD office.

*ATD Rules Review
(Items to be discussed with the T/O)*

1. What is the "2-foot" rule and why is it important?
2. May you allow your dog to kiss someone's face?
3. What do you do if your dog accidentally paws and scratches a patient? Whom do you notify?
4. In addition to an approved 4-foot or shorter leash, what must members have with them on a visit?
5. When does a visit begin and end?
6. If you place your dog on a patient's bed for petting, what should you do? What part of the dog must you be sure to control at all times, especially if the dog is on occupied furniture?

I have discussed the above questions and other guidelines with the applicant.

T/O Signature _____

Date _____

Print Name _____

I have discussed the above questions and other guidelines with the T/O.

Applicant Signature _____

Date _____

Print Name _____

2021 ALLIANCE OF THERAPY DOGS TEST

* * * MUST BE RECEIVED BY THE OFFICE WITHIN SIX MONTHS FROM THE DATE OF THE HANDLING TEST * * *

Applicant Full Legal Name:	Dog's Call Name:
----------------------------	------------------

Is this the first time being tested with this dog for ATD? Yes No

If tested before, please indicate the approximate previous testing date(s):

**The ATD test may be taken no more than three times with the same dog, with at least 30 days in between tests.
Falsification of any information will result in membership denial.**

BRING TO THE TEST:

- Proof that you have successfully completed the Sterling Volunteers background check
- A completed Health Verification Form

EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST

Handling Test Sections 1 – 9

1.	Handler's attention to instructions: Handler arrived at testing appointment with the following required items:			
	Did the handler bring an approved collar for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Did the handler bring an approved 4 foot or shorter leash for the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the handler clean and dressed appropriately, including correct footwear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Comments:			
2.	Initial meeting:			
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Were the handler and dog polite?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the dog corrected/redirected for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the dog praised for good behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the dog clean and well groomed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
3.	Canine-human behavior: friendly stranger			
	Small dog held for testing*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Was the handler in control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Did the dog bark at person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the dog interested in the person(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was any sign of aggression demonstrated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Was the dog corrected/redirected for inappropriate behavior?	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Did the handler praise the dog?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	
4.	Physical handling of the dog and dog's response:			
	Small dog held, lifted or carried for testing*	<input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Stroking the head, body and tail with both hands	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
	Touching the paws	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
	Scratching/petting the throat	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
	Holding the ears	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Unacceptable	
	Comments:	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	

*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

**A dog too short to be reached for petting must have its front legs lifted or propped up for this exercise.

Observations 1 – 4			
Applicant Full Legal Name _____			
Dog's Name _____			
<ul style="list-style-type: none"> • MINIMUM OF THREE OBSERVATIONS REQUIRED • MAXIMUM OF FOUR ALLOWED • Two observations must be done at a medical care facility • All observations must be conducted on 3 (or 4) different days • Please use the comment section for all exceptions 			
Observation #1 – Type of facility used for observation		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Was the small dog's behavior acceptable when held by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs Improvement (If yes, list improvement needed in comments below).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fourth observation required (If yes, indicate why in comments below).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date _____	
OBSERVER NAME (print) _____			
Comments: 			
Observation #2 – Type of facility used for observation		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Was the small dog's behavior acceptable when held by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs Improvement (If yes, list improvement needed in comments below).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Fourth observation required (If yes, indicate why in comments below).			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date _____	
OBSERVER NAME (print) _____			
Comments: 			

Observation #3 – Type of facility used for observation		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Was the small dog's behavior acceptable when held by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Needs Improvement and a fourth observation (list improvements needed in comments)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date	
OBSERVER NAME (print) _____			
Comments:			
Observation #4 – (if needed)		<input type="checkbox"/> Medical	<input type="checkbox"/> Other
Type of facility used for observation			
Was the small dog's behavior acceptable when held by handler?		<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No
The handler has the ability to safely handle this dog.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow your instructions?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the handler follow the ATD Rules and Regulations during this observation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the prospective handler arrive with the proper approved equipment for the test?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation:		<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
OBSERVER SIGNATURE _____		Date	
OBSERVER NAME (print) _____			
Comments:			