



## CERTIFICATION TEST REGISTRATION FORM

All testing will take place on the date and at the location listed below with approximately one team every 45 minutes. **You must bring the following items for your test. If you do not, you will not be tested that day. There are no exceptions to this requirement so please read carefully and come prepared.**

### TEST CHECKLIST

- Animal's current rabies vaccination certificate (rabies tags alone are not sufficient).
- Towel or blanket if the animal is to be carried (e.g. cat or small dog under 16 lbs).
- Acceptable collar or harness (e.g., flat buckle or Gentle Leader. **NO** slip or choke collars, and **NO** collars with metal links).
- Acceptable leash (e.g., 4 ft. or 6 ft. braided or leather lead). **NO** leashes under 4 feet in length.
- Animal's brush or comb (plastic only - no metal brush) to which the animal is accustomed.
- Treats\* for the animal. \*Even if the animal has special dietary needs, the handler must bring along some treats to be offered to the animal. However, the handler may choose not to have the animal take a treat.
- Appropriate apparel. In other words, dress for a real visit.
- Please be prompt for your scheduled time.

The evaluation is like a simulated visit. Both the animal and the handler should be groomed and/or dressed appropriately as if they were going on a volunteer visit.

**If a team does not pass, that team can retest anytime in the future.**

Date	Starting Time	Location	Payment + Registration received by
SUNDAY, MAY 6, 2018	8:00 AM	Ted Terroux Canine College 9797 W Colfax Ave Lakewood, CO 80215	April 27, 2018

Testing facility is in strip mall located on the NE corner of Kipling and Colfax.

**Fee: \$30 (\$25 for A4T members)**

- Payment with registration and indemnity form must be received by date shown above.
- Make payments to **Animals 4 Therapy**. Sorry, no refunds. Your cancellation will be considered a donation and a tax receipt will be issued. **DO NOT SEND YOUR REGISTRATION TO TED TERROUX CANINE COLLEGE!**



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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Animal Name/Breed/Sex/Age: \_\_\_\_\_

Requested Date & Time Slot\* (circle your choice):

SUNDAY, MAY 6, 2018	8:00 AM	8:45 AM	9:30 AM	10:15 AM
	11:00 AM	12:30 PM	1:15 PM	2:00 PM
	2:45 PM	3:30 PM	4:15 PM	

**\*DEPENDING ON THE NUMBER OF REGISTRATIONS, WE MIGHT OPEN UP MAY 5, 6 PM – 9PM**

**\*Select a desired date and time. Every attempt will be made to accommodate your request but we cannot guarantee that your requested slot will be available, so please be available for any time on the date you select. Time slots will be confirmed by email during the week preceding the evaluation.**

### - INDEMNITY FORM -

**Signature Please!** I understand that I am responsible for any damage my animal causes during the course or evaluation. I indemnify and hold ANIMALS 4 THERAPY™, Instructor, Evaluator, and sponsoring organization harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorney's fees arising out of the acts or omissions of ANIMALS 4 THERAPY'S courses and evaluations including, but not limited to, interactions with instructors, attendees, or animals, screening or demonstrations involving my pet, or transportation of my pet to or from the training/evaluation site or within the training/evaluation site.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2017

*\*\*If under 18, handler's parent or legal guardian must sign below.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2017

**PLEASE MAIL THIS REGISTRATION FORM WITH YOUR PAYMENT TO:**  
**Animals 4 Therapy, 1106 W PARK, SUITE 189, LIVINGSTON, MT 59047**  
 For further information, contact Kateri Nelson: (303) 507-8234, email: [info@animals4therapy.org](mailto:info@animals4therapy.org).