



## THERAPY PRE-TEST – by appointment only

### REGISTRATION FORM

LOCATION: LIVINGSTON CIVIC CENTER, 229 RIVER DRIVE, LIVINGSTON, MT 59047

HANDLER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BREED: \_\_\_\_\_ SEX: M  F  ALTERED? YES  NO

HOW LONG AGO DID YOU ACQUIRE YOUR DOG? \_\_\_\_\_

DID YOU AND YOUR DOG PASS THE CANINE GOOD CITIZEN (CGC) TEST? YES  NO

IF YES, WHEN AND WHERE: \_\_\_\_\_

**\* YOUR DOG MUST DEMONSTRATE A RELIABLE SIT, DOWN, AND STAY.**

DATE REQUESTED FOR THE PRE-TEST: (please provide 3 dates) \_\_\_\_\_

**NOTE: YOUR DOG MUST BE UP TO DATE ON HIS/HER SHOTS BEFORE COMING TO THE PRE-TEST.**

PLEASE MAIL BACK THIS FORM WITH YOUR PAYMENT OF \$50 TO:

ANIMALS FOR THERAPY / PRE-TEST  
1106 W Park Ste 189, Livingston, MT 59047

We will contact you by email or by phone to confirm your attendance. For more info: 303-507-8234.

#### Indemnity Form

**Signature Please!** I indemnify and hold Animals 4 Therapy trainers, evaluators, instructors, assistants, sponsoring organization(s), and facility owner(s) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of classes and Animals 4 Therapy training and evaluations including, but not limited to interactions with trainers, evaluators, instructors, assistants, handlers, or animals; pre-tests, screening or demonstrations involving my or others' pets; or transportation of my pet to or from the pre-test/training/evaluation site or within the pre-test/training/ evaluation site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date