



THERAPY ANIMAL TEAM TRAINING

THIS IS NOT AN OBEDIENCE CLASS.

YOUR DOG MUST ALREADY BE ABLE TO DEMONSTRATE SOME BASIC OBEDIENCE.

- This 4-hour class prepares you and your dog to volunteer as a canine-assisted therapy team.
- Your dog must be at least one (1) year old, and you must own the animal for at least 6 months before taking the class.
- Once you have completed this training you will be invited to take the certification test (30 minutes) unless you and your animal are not deemed appropriate for therapy work.
- If you and your dog pass the certification test, you will be invited to join our organization, and consequently be covered by our \$2M liability insurance when you volunteer with your animal.

Prerequisites: AKC Canine Good Citizen certification (preferred), or RELIABLE sit, down, stay.

EXCLUDED BREEDS: Due to insurance issues, the following breeds or mixes of the following breeds cannot be admitted into our program: Pit Bull type dogs (American Staffordshire Terrier, American Bulldog, American Pit Bull Terrier, Staffordshire Bull Terrier), Rottweiler, Bouvier, Miniature Pinscher. ANY dog aggressive dog will be excused from our program, regardless of the breed.

A minimum of 3 teams registered is required for the class or it will be cancelled. Maximum of 6 teams.

INTERESTED? Please fill out our registration form (see page 3) and send it before the deadline of June 14, 2019!

Best Regards,

Kateri Nelson
 Executive Director
 Animals 4 Therapy
www.animals4therapy.org
 303-507-8234

PS. Please remember that animal-assisted therapy is a team activity; you and your dog are forming a partnership - there's no "master-dog" relationship in therapy work.



THERAPY ANIMAL TEAM TRAINING

All training will take place on the dates and at the location listed below (2 evenings, 2 consecutive weeks). **You must bring the following items for your class. There are no exceptions to this requirement so please read carefully and come prepared.**

CLASS CHECKLIST

- Animal's current rabies vaccination certificate (rabies tags alone are not sufficient).
- 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, and no retractable leash.
- Animal's brush or comb (plastic only - no metal brush) to which the animal is accustomed.
- Treats* for the animal.
- Appropriate apparel: comfortable flat shoes, jeans or other comfortable pants, golf shirt, tee-shirt, etc. No skirts or dresses, no shorts, no high heels, no sandals.

Date	Time	Location	Payment + Registration must be received by
THURSDAY, JUNE 20, 2019	6:00 PM – 8:00 PM	Livingston Recreation & Civic Center 229 River Drive, Livingston, MT 59047	JUNE 14, 2019
THURSDAY, JUNE 27, 2019	6:00 PM – 8:00 PM	Livingston Recreation & Civic Center 229 River Drive, Livingston, MT 59047	JUNE 14, 2019

Fee: \$120

- 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 LIVINGSTON CIVIC CENTER!**



**THERAPY ANIMAL TEAM TRAINING
REGISTRATION FORM**

Name: _____

Address: _____

Phone: _____ Email: _____

Animal Name/Breed/Sex/Age: _____

- 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: ____/____/2019

***If under 18, handler's parent or legal guardian must sign below AND BE PRESENT FOR THE CLASS.*

Signature: _____ Date: ____/____/2019

***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.***