



TEST RESERVATION FORM

_____ Please reserve a space for me at the _____ (date), certification practice and test sessions. Both sessions will be held at a location to be determined, and will begin promptly at 9:30 a.m. **CANINE THERAPY CORPS** will contact you with the testing location when confirmed.

_____ Please inform me of future test dates.

NAME _____

DOG'S NAME _____

DOG'S BREED AND BIRTHDATE _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

Please sign and date:

I understand that attendance at **both** sessions is mandatory to complete the certification process.

To the best of my knowledge, my dog _____ (dog's name) is not aggressive toward humans or other dogs and has not been trained for personal or property/premises protection.

I have received and reviewed the **CANINE THERAPY CORPS** therapy dog certification test, and understand that it is a pass/fail test.

Signature and Date

PLEASE RETURN THIS FORM AND \$35 CHECK MADE PAYABLE TO **CANINE THERAPY CORPS** TO:

CANINE THERAPY CORPS, INC.
1700 W. IRVING PARK ROAD, SUITE 311
CHICAGO, IL 60613
info@caninetherapycorps.org
PHONE: 773.404.6467
FAX: 773.404.6759

****YOU MUST REQUEST A RESERVATION AND PAY THE FEE TO ATTEND THE PRACTICE AND TEST.****