**Hello! CTCorps is excited to help you and your dog become a better team. Please tell us about yourself and your dog.**

**Prior to your dog’s first class, please email proof of the following to** [***training@caninetherapycorps.org***](mailto:training@caninetherapycorps.org)**:**

1. ***Current rabies vaccination***
2. ***Current parvovirus, distemper, and bordetella vaccinations or current titers***
3. ***Current fecal test***
4. ***Your city dog license (if you are a Chicago resident) which can be obtained at:*** [***https://ezbuy.chicityclerk.com/dog-emblems***](https://ezbuy.chicityclerk.com/dog-emblems)

**Handler Information**

First and Last Name:

Address:

City:

State:

Zip Code:

Email Address:

Primary Phone Number:   
Number Type: Home Mobile Work Other

Alternate Phone Number:   
Number Type: Home Mobile Work Other

Briefly describe your dog handling and training experience.

Briefly describe your opportunities for development as a dog handler.

Secondary Handler Information (Name, Email Address; Phone):

Emergency Contact (Name, Relation, and Phone Number):

**Dog Information:**

Name:

Sex: Female Male

Birthday (approximate):

Dog Breed/Color/Description:

Weight (approximate):

Is your dog spayed or neutered? Yes No

**Dog Information (continued):**

Veterinarian’s Contact Information (Name, Phone Number, and Address)

When did the dog come into your life?

Where did the dog come from?

Is the dog housebroken? Yes No Somewhat

Has the dog ever bitten a person or another dog? Yes No  
If yes, please provide a short explanation, including any medical treatment required.

Is the dog reactive (growling, barking, lunging) to people or other dogs? Yes No

Does the dog have any allergies (food or otherwise) or medical conditions we should know about? Yes No  
If so, please describe.

Briefly describe the dog’s training experiences.

Briefly describe the dog’s best qualities or skills.

Briefly describe the dog’s opportunities for development or shortcomings.

What are your training objectives and/or aspirations?

**Other Information**

Please tell us anything else you want us to know or think we should know in the space below.

**Release of Liability**

I understand, acknowledge, and agree that participation in Canine Therapy Corps, Inc. (CTCorps) training or certification sessions is not without risk to myself, members of my family or guests who may attend, or my dog; that dogs are not always predictable; and the unexpected may occur.

I, on my own behalf and on behalf of my family, heirs, partners, successors, or assigns, hereby waive, release, and forever hold harmless CTCorps, its current and former officers, directors, employees, agents, evaluators, volunteers, successors, or assigns from any and all claims, damages, liabilities, actions or causes of action, demands, disputes, and equitable relief, whether known or unknown, resulting from participation in therapy dog training or certification, including, but not limited to, any injury or damage resulting from the action of any dog, including my own**.**

Further, I understand, acknowledge, and agree that I, my family, heirs, partners, successors, or assigns who attend classes will abide by any and all rules and policies set forth by CTCorps.

Date:

Signature

**If you have questions, email us at** [***info@caninetherapycorps.org***](mailto:info@caninetherapycorps.org) **or call the office at 773.404.6467. Thank you!**



# CONSENT FOR DISCLOSURE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name), whose birth date is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Canine Therapy Corps, Inc. (CTCorps), located at 3918 West Fullerton Avenue, Chicago, Illinois 60647, to disclose the following information for the purposes stated below in this authorization.

INFORMATION TO BE DISCLOSED: My identity, my visual representation, the fact that I participated in CTCorps’ programming, and information about my therapeutic goals and achievement thereof, if applicable.

PURPOSE OF DISCLOSURE: To describe, either in writing, orally, or visually, the details of my experience in the CTCorps’ animal-assisted interactions and to allow any group or individual images, video, audio, or any other type of written, visual, or auditory representation, taken of me or my family members during my participation in CTCorps programming. This information may be be shared with the public in order to publicize CTCorps' work and program efficacy, market services, fundraise on its behalf, demonstrate the use of therapy dogs, or for any other lawful purpose that the CTCorps deems appropriate. Representations may be included on CTCorps’ website, newsletter, presentations, or other media.

This consent is subject to revocation at any time except to the extent that the CTCorps has already taken action or reliance on it. If not previously revoked, this consent will terminate upon the decision, by CTCorps, Inc., to permanently destroy the information to be disclosed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARTICIPANT SIGNATURE DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT, GUARDIAN OR AUTHORIZED DATE

REPRESENTATIVE SIGNATURE (where required)