

CANINESIDEKICKS SERVICE DOGS, INC.

THERAPY DOG DEVELOPMENT PROGRAM APPLICATION

SECTION 1: APPLICANT INFORMATION

Applicant Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

SECTION 2: DOG INFORMATION

Dog's Name: _____

Call Name: _____

Breed: _____

Sex: ☐ Male ☐ Female

Date of Birth: _____

Spayed/Neutered: ☐ Yes ☐ No

Microchip Number: _____

Colour/Markings: _____

Current Weight: _____

Veterinarian Clinic: _____

Veterinarian Phone: _____

Current Vaccinations: ☐ Yes ☐ No

Current Parasite Prevention: ☐ Yes ☐ No

Is your dog currently fed a raw diet? ☐ Yes ☐ No

Note: Some facilities may prohibit raw-fed therapy dogs.

SECTION 3: DOG HISTORY

How long have you owned your dog? _____

Where did you acquire your dog? ☐ Breeder ☐ Rescue ☐ Shelter ☐ Rehomed ☐ Other: _____

Formal training completed: ☐ Puppy ☐ Basic Obedience ☐ Advanced Obedience

☐ Rally ☐ Other Sport ☐ Therapy Dog ☐ Service Dog ☐ Other: _____

Describe any previous volunteer, therapy, or public interaction experience:

SECTION 4: BEHAVIOURAL HISTORY

Has your dog ever bitten or attempted to bite a person? ☐ Yes ☐ No

Has your dog ever bitten or attempted to bite another dog? ☐ Yes ☐ No

Displayed aggression toward people? ☐ Yes ☐ No

Displayed aggression toward dogs? ☐ Yes ☐ No

Displayed resource guarding? ☐ Yes ☐ No

Displayed significant fear or anxiety? ☐ Yes ☐ No

Been diagnosed with a behavioural condition? ☐ Yes ☐ No

If yes, please explain:

SECTION 5: THERAPY WORK INTERESTS

Please check all that apply:

- ☐ Hospitals
- ☐ Long-Term Care Facilities
- ☐ Seniors' Residences
- ☐ Hospice and Palliative Care
- ☐ Grief Support Programs
- ☐ Schools
- ☐ Libraries and Reading Programs
- ☐ Children's Hospitals
- ☐ Children's Mental Health Programs
- ☐ Youth Programs
- ☐ Disability Support Programs
- ☐ Crisis Response Programs
- ☐ Court Support/Justice Programs
- ☐ Post-Secondary Campuses
- ☐ Community Events
- ☐ Emergency Services Support
- ☐ Educational Presentations
- ☐ Please Specify: _____

Environments you would prefer to avoid:

SECTION 6: OBEDIENCE SKILLS ASSESSMENT

Please indicate whether your dog currently demonstrates the following:

- ☐ Loose leash walking
- ☐ Sit
- ☐ Down
- ☐ Stay
- ☐ Long duration wait
- ☐ Reliable recall
- ☐ Leave it (Distractions like other dogs, bikes, scooters, wildlife)
- ☐ Settle quietly
- ☐ Walk politely through crowds
- ☐ Ignore food distractions
- ☐ Wait for permission before greeting
- ☐ Accept grooming and handling
- ☐ Ride calmly in a vehicle

SECTION 7: SOCIAL SKILLS ASSESSMENT

Please indicate whether your dog currently demonstrates the following:

- ☐ Friendly greetings toward strangers
- ☐ Enjoys physical affection from unfamiliar people
- ☐ Remains neutral around other dogs
- ☐ Is friendly if approached by another dog
- ☐ Shows confidence in public environments
- ☐ Demonstrates appropriate social behaviour
- ☐ Recovers quickly from startling events
- ☐ Shows minimal stress signals in public
- ☐ Is comfortable around children
- ☐ Is comfortable around mobility equipment, wheelchairs, walkers, and oxygen equipment

SECTION 8: HANDLER READINESS

Please initial each statement:

____ I understand that therapy dog work is voluntary service work.

____ I understand that acceptance into the program does not guarantee certification or graduation.

- ___ I understand that facility placements are not guaranteed.
- ___ I agree to maintain my dog's training throughout the program.
- ___ I understand that my dog's welfare takes priority over all therapy activities.
- ___ I agree to advocate for my dog and end visits when my dog requires a break.
- ___ I understand that therapy dogs must remain clean, healthy, and professionally presented.
- ___ I agree to bathe and groom my dog regularly and at minimum once every month.
- ___ I understand that certain facilities may require additional health or dietary restrictions.
- ___ I understand that aversive training tools and methods are prohibited while participating in therapy activities or while my dog is wearing therapy identification equipment.

SECTION 9: PROGRAM STANDARDS AGREEMENT

- Participation in the program does not guarantee certification, graduation, or placement.
- My dog must maintain appropriate health, behaviour, and welfare standards.
- I will represent CanineSidekicks Service Dogs Inc. professionally and ethically.
- My dog must remain clean, healthy, and well-groomed.
- I will prioritize my dog's physical and emotional wellbeing.
- My dog may be removed from the program if safety, welfare, behavioural, or ethical concerns arise.
- Aversive training methods and equipment are prohibited during therapy work or while wearing therapy identification equipment.
- CanineSidekicks Service Dogs Inc. reserves the right to limit, suspend, or terminate participation.

SECTION 10: PHOTO AND MEDIA RELEASE

CanineSidekicks Service Dogs, Inc. is a teaching and educational training school, the use of photographs and videos is an essential part of our training and educational materials. By participating in our programs, you acknowledge that consent to this media release is a

condition of enrollment. We make every reasonable effort to protect participant privacy and avoid identifying individuals whenever practical.

☐ I consent to photographs and videos of myself and my dog being used for educational and promotional purposes.

APPLICANT DECLARATION

I certify that all information provided in this application is true and accurate to the best of my knowledge.

Applicant Name: _____

Signature: _____

Date: _____