



WESTERN MICHIGAN UNIVERSITY Therapy Dog Clinic

Therapy Dog & Handler Training Registration Form, Waiver, & Release

Thank you for your interest in working with WMU's Unified Clinics to train your dog consistent with the Alliance of Therapy Dogs (ATD) requirements. Review ATD's certification requirements (www.therapydogs.com/join-therapy-dogs/) before registering for training. Therapy dog training must focus on the safety and health of the trainee dog and the people it will interact with. Like ATD, Unified Clinics requires a friendly dog and a handler with the ability to train their dog.

INSTRUCTIONS: (1) Carefully review this entire document and make sure you understand it, (2) fill in all blanks with accurate information, (3) attach the required documentation, and (4) send completed form, documentation, and payment (cash or check payable to "Unified Clinics, Therapy Dog Clinic") to: **Therapy Dog Clinic**, Unified Clinics, 1000 Oakland Drive, Kalamazoo, MI, 49008. [Or email the completed form and documentation to uc-therapydogs@wmich.edu and request a payment link.]

Handler Contact Information

Name _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

If Junior Handler (under age 18), **Parent / Guardian Name and Contact Info:** _____

Information re: Dog Trainee

Dog's Name: _____ **Age** (estimate): _____ (must be at least 1 year)

Spayed/Neutered: _____ (date) **Gender:** Male Female (circle one)

Breed/Mix _____

Veterinarian/Practice Name: _____

Attach evidence of your dog's vaccinations – DHLPP, Rabies, and Bordetella.

Prior Evaluation (Required): Your dog must have successfully completed **AKC-CGC** or **UKC-SPOT** (circle one)

Date of evaluation _____ Evaluator Name _____

Attach proof of successful evaluation. (Exemptions to this requirement are rare and in UC's sole discretion)

Past Training and Interactions:

1. Has your dog ever displayed aggressive behavior or signs of fear/stress/discomfort in response to people, situations, or other animals? **Yes** or **No** (circle one) If yes, please describe: _____

2. List all training, evaluations, or certifications your dog has received, date(s), and outcome(s): _____

3. List all dog- or therapy-related training you (the Handler) have received: _____

4. Anything you want to add about your dog and/or your interest in animal-assisted services (therapy dog work)? _____

I certify that all the information I provided on this form (including my dog's health, vaccinations, and known behavioral issues) is accurate and up-to-date. I understand and agree I am solely responsible to notify Unified Clinics as soon as I become aware of any new information or changes to the information I provided.

Acknowledgement and Assumption of Risk: I understand that participation in therapy dog training involves certain risks, including but not limited to the risks of injury to myself, my child, my dog, and/or others. I acknowledge that all dogs, regardless of their training and temperament, may behave unpredictably and such unpredictable behavior may result unpredicted or unforeseeable risks, injury, and/or damage. I voluntarily assume all risks associated with participation in this training program and accept full responsibility for any injury, loss, or damage that may occur to myself, my dog, or other people or dogs as a result of my and my dog's participation in this training program. I understand and agree that I am solely responsible for all resulting costs or expenses, including but not limited to attorney, medical and/or veterinary fees and costs, for myself, my child, my dog, or others injured as a result of my behavior or that of my child or my dog.

Release of Liability: In consideration for being permitted to participate in this therapy dog training program, I hereby agree for myself (and my minor child, where applicable) to release, discharge, indemnify, and hold harmless RCFC, Unified Clinics, and Western Michigan University, including but not limited to its Board of Trustees, faculty, staff, administrators, students, volunteers, employees, third party contractors, and/or agents, from any and all actions, claims, demands, damages, loss, or injury (including medical fees and attorney fees) arising out of or related to participation in the therapy dog training program.

I acknowledge and agree that I have read this entire document and that by signing below, I am waiving certain legal rights on behalf of myself and/or my minor child.

Handler Printed Name

Handler Signature

Date Signed

If Handler is under 18 years of age (Junior Handler):

I am the Junior Handler's Parent or Legal Guardian, I give Handler my permission to participate in this therapy dog training, and I agree to participate in the training with Junior Handler. I have read and understand this entire document, I accept its terms on behalf of myself and my minor child, and acknowledge that by signing below, I am waiving certain legal rights on behalf of myself and my minor child.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date Signed