



OTTAWA THERAPY DOGS ANNUAL RENEWAL FORM

2019

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____ EMAIL: _____

DOG'S FORM

ID Badge #	DOG'S NAME	DATE OF BIRTH	BREED	MONTH OF ANNUAL VET CHECK

INSTITUTION(S) YOU CURRENTLY VISIT (If additional space is required, please attach list.)

NAME OF INSTITUTION	DAY/TIME OF VISITS	CONTACT	PHONE

Please remember that visits with your dog(s) are mandatory for your dog(s) to be considered a "Therapy Dog." Handlers of retired therapy dogs will be issued ID Badges on application to the Board and subject to fees for Associate Members.

Note: You will be covered under OTD's Volunteer Insurance program only while in service as a volunteer with a current valid registration. (Insurance only applies within Canada.)

Please retain a copy of the "Rules for OTD Members" (see page 2 of this document) for your records.

Membership Fees

- Therapy Dog Team Membership (one handler, one dog) - **\$40.00**
- Associate Member (non-handler) - **\$20.00**
- Same handler - each additional dog **\$5.00**

AMOUNT ENCLOSED:
\$ _____

Make cheques payable to:
Ottawa Therapy Dogs

NOTE: Each handler must pay a separate registration fee. There are no family memberships.

Please include with this Annual Renewal Form:

- Your cheque or money order for the proper amount (see above);
- An OTD Annual Health Records Form confirming that all vaccinations are up-to-date AND a negative fecal test (not applicable for Associate Members) - both dated within the past 12 months (include only if not already on file);
- A signed copy of "Rules for Ottawa Therapy Dog (OTD) Members" (see page 2 of this document);

Please return completed annual renewal package with payment to:

Ottawa Therapy Dogs, 99-1568 Merivale Road, Suite #369, Ottawa, ON, K2G 5Y7

SIGNATURE OF APPLICANT: _____ **DATE:** _____