



P.O. Box 20227
Cheyenne WY. 82003
Tel: 877-843-7364 Fax: 307-638-2079
E-Mail: therapydogsinc@qwestoffice.net

This letter is in response to your inquiry about how to apply for membership through the Therapy Dogs Incorporated (TDInc.) Alternative Membership Committee because there is no approved Tester/Observer (T/O) within approximately 40 miles of you. Here is what you will need to submit:

1. A cover letter telling about yourself and your dog and why you would like to become a therapy dog team. Look in your local phone book under dog training and contact some places that may have an obedience trainer, an AKC Canine Good Citizens Evaluator or other person who would be willing to take you through the Handling Portion of the Therapy Dogs Inc. Test. The Test is included in this packet.
2. Two letters of reference (these will replace the observations you would have done with a Tester/Observer) written by people who know you and have observed you handling your dog. Your references should include a statement indicating how you and your dog interact as a team in a public place. We also suggest you ask your references to tell us why they would enjoy a visit from you and your dog if they were confined to a hospital or nursing home.

Here is who you might ask to write your reference letters:

- A. Your obedience trainer
- B. Veterinarian
- C. Long standing friends
- D. People you have already been visiting at facilities, staff, patient or family member.

All letters must have an address, phone number, date, and signature. Members of your family may not write reference letters or perform the Handling Section of the TDInc. Test for you. Also, reference letters may not be written on your behalf by more than one person in **the same family**.

3. In lieu of one reference, you may include a copy of the Canine Good Citizen Test if you successfully completed it with your dog.
4. TDInc. Application with veterinarian verification of current Rabies Vaccination and negative fecal exam.
5. Detailed answers to the Questionnaire, which appears on the following page. Please type your answers on a separate sheet of paper.

Please have all reference letters typed if possible. Handwritten letters will slow down the approval process.

Thank you,

The Therapy Dogs Incorporated Alternative Membership Committee

Please answer the following questions on a separate sheet of paper.

1. Are there any TDInc. Tester/Observers within approximately 40 miles of you? If so, have you tried to contact them to undergo the regular TDInc. registration process? What was their response? If you did not try to contact them, please tell us why not.
2. What training and/or classes have you and your dog experienced together?
3. Describe how your dog walks with you on a visit. What do you consider to be an acceptable position?
4. What should you do if a patient asks you for assistance, such as asking for a glass of water?
5. It is important to keep your dog's attention amid distractions. How would you respond if your dog barked at a motorized wheelchair or another type of medical equipment?
6. Describe how you would approach a patient, either from outside the room or in the hallway, to inquire if he/she would like a visit from you and your dog? What would you say? How would you respond if the person said he/she would not like a visit?
7. What would you do if there are 2 patients in a room and one wants you to bring the dog into the room and the other does not?
8. What types of collars may your dog wear when you visit, and how long is your leash? What types of equipment are not acceptable?
9. If your dog were to paw at or jump on someone, how would you respond?
10. What procedure must be followed if your dog accidentally injures someone during a visit?
11. Name 3 things that all TDInc. registered members are required to have with them during a visit.
12. Name 2 things that would be useful to have with you during a visit with your dog.
13. Do you plan to use your dog while you are at work? If so, please provide details.