



PET THERAPY DOG PROGRAM MEMBERSHIP **AGREEMENT**

Complete this Contract for Membership in QC CAN, Inc. and return it with your check for \$150.00 as your Annual Fee. Please include \$30 for any additional family members with a dog.

-PLEASE PRINT CLEARLY-

All applicants for membership in the QC CAN Therapy Dog Program must undergo an evaluation from our Assistant Trainer before beginning our training program.

1. Applicant: _____

Co-Applicant: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. Ph: (_____) _____ E-mail: _____

4. Occupation: _____

5. Number of dogs owned at present that will be used for therapy dog purposes? _____

Name of Dog _____ Breed _____ Age _____

Name of Dog _____ Breed _____ Age _____

6. Other dog club affiliations (include positions held) _____

7. Have you completed and passed an AKC Canine Good Citizen Test within the last year on the dog you intend to use for therapy work? _____

If yes, please include a copy of your CGC certificate with this application, otherwise another CGC will have to be taken and passed as a part of QC CAN program requirements.

8. Please initial next to each of the Therapy Dog Program Requirements if you understand and agree to them:

_____ Evaluation of you and your dog by QC CAN Assistant Trainer
_____ Complete 6 week Basic training class with QC CAN
_____ Complete at least 6 weeks of Advanced Obedience Training with QC CAN
_____ Pass the AKC Canine Good Citizen test (provided by QC CAN)
_____ Complete 5 (or as many as needed) visits to a facility or event with a QC CAN mentor
_____ \$150 paid yearly to QC CAN for training and insurance coverage
_____ Attend a minimum of 3 QC CAN sanctioned volunteer events annually
_____ Attend a minimum of 6 Advanced classes annually
_____ I will keep my dog well groomed and bathed before outings and agree to vaccinate my dog against Rabies according to Illinois/Iowa State Law. I will abide by individual facility regulations regarding my dog's health care.

_____ I will not take my dog out in public or to visits not associated with QC CAN while wearing the QC CAN vest, unless approved by either the Head trainer or Assistant trainer.

_____ I will NOT take my dog to work with me or on a visit that I am being paid for as an employee. ***I understand that my QC CAN insurance and certification is void if I do so.***

_____ I understand that, at the sole discretion of the Head Trainer, and Assistant trainer I can at any time be dismissed from the QC CAN Therapy Dog Program if my dog or I display unsafe or unproductive behavior as observed by the Head Trainer, Assistant trainer, QC CAN member, or third party without refund of membership fees. ***We have a zero tolerance for aggressive behavior in dogs!***

_____ I understand that if I move away from the Quad Cities area and am unable to travel to monthly training sessions and complete visits within the Quad Cities area, my certification will be void and I can not use my dog as a pet therapy dog under QC CAN representation, either assumed or implied.

9. Release of Liability:

I do hereby waive and release, Angie Hall - Assistant Trainer, All Fur Fun Dog Daycare, and Quad Cities Canine Assistance Network, Inc. from any and all liabilities of any nature. I agree to take complete responsibility for the actions of my dog, and myself, before, after and during class. I agree to take complete responsibility for the actions of my dog, and myself, while working as a Therapy Dog Team. At no time will the trainer of the obedience sessions, All Fur Fun Dog Day Care or Quad Cities Canine Assistance Network, Inc. be liable or responsible for the actions of me, my dog or another person who accompanies me to said sessions.

10. Terms of Certification:

- Once you have paid your membership fee and completed 6 weeks of Advanced Obedience, your facility visits with a Mentor, and passed the AKC CGC test, you will be

issued certification for you and your dog. You will also have the choice of a neck scarf or a vest for your dog to wear for identification as a therapy dog, at a small additional cost.

- You are covered under QC CAN insurance during your facility visits with a mentor (before certification), and after certification at any QC CAN approved event or facility where you are using your dog for VOLUNTEER therapy dog purposes or education for the public. **Your insurance is void if you take your dog to a facility in which you are being paid as an employee.**
- In order to maintain your certification and insurance coverage for you and your dog, you need to actively make therapy visits and/or attend QC CAN volunteer events and renew your yearly \$150 membership.

11. Benefits of Membership

- 4 drop-in advanced obedience training classes each month that go year long for the maintenance of you and your dog's skills
- The best insurance coverage for you and your dog while the dog is being used for VOLUNTEER therapy dog purposes and wearing the QC CAN identifiable vest or bandanna
- Educational sessions from your therapy dog peers and members of the community with expertise in healthcare, veterinary care and volunteerism.
- Social and professional networking and friendships • Coordinated volunteer opportunities for you and your dog to help you establish a working knowledge of how and when to use your therapy dog
- An undeniable and irreplaceable bond with your dog that goes above ordinary pet ownership. There is nothing like you and your dog, working in harmony, for the benefit of others.

12. Refund

- Once you have paid your yearly membership fee you are not entitled to a refund.

I have read and agree to the requirements, release of liability, and terms of the Therapy Dog Program at QC CAN, Inc. Upon signing this contract, my yearly membership with QC CAN, Inc. is activated.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Internal Use Only

_____ 6 weeks of Advanced Obedience without incident or issues

_____ Pass CGC

_____ Facility visit 1, comments _____

_____ Facility visit 2, comments _____

_____ Facility visit 3, comments _____

_____ Facility visit 4, comments _____

_____ Facility visit 5, comments _____

_____ Certified, date: _____

_____ Vest

_____ Bandanna

_____ Both

_____ Other