



Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

Thank you for your interest in membership with Alliance of Therapy Dogs (ATD). Qualifications for ATD begin with a friendly dog, any breed or mix, and an owner/handler who has a desire to share their dog with others in a volunteer capacity. Dogs must be at least 1 year of age to be assessed and observed, and the handler must have had a close relationship with the dog for at least 6 months prior to testing.

ATD's process begins with a background check. Given the world today, our focus must be on the safety of our clients and the facilities we visit. These background checks also help keep our insurance premiums low and, thus, keep your yearly fees low.

Once you have completed your background check, you can test with one of ATD's Tester/Observers in your area. You will begin with the Handling Assessment. If you and your dog pass, you move to the next step of three supervised Observations.

**In addition to the ATD Member Application paperwork and a successfully completed Sterling Volunteers background check, you must bring the following items to your Handling Assessment and Observations with the Tester/Observer:**

- 4-foot or shorter leash and ATD approved collar (see ATD's Important Facts, Rules and Guidelines to Know Before Testing).
- Water for your dog (have available).
- Bag for clean-up (have available).
- Paper towels or towel (have available).

If the Tester/Observer passes you and your dog, your application to become a certified therapy dog team is not approved until the ATD Office reviews, processes and issues your certification. ATD reserves the right to deny, revoke or not renew membership. **The following items must be completed and submitted together for review and approval within 6 months of your Handling Assessment:**

- Proof that you have successfully completed the Sterling Volunteers background check.
- Completed Member Application and ATD Certification Test.
- Assumption of Risk and Release of Liability form.
- Completed Health Verification Form.
- Signed Rules Review.
- Correct membership fees.

The application, assessment, and ATD's Important Facts, Rules and Guidelines to Know Before Testing (for you to review) are enclosed. A list of the Tester/Observers in your area, the link to begin the background check, and additional information, including a video of ATD's testing, presentations, and forms, are on our website: [www.therapydogs.com/join-therapy-dogs/](http://www.therapydogs.com/join-therapy-dogs/)

**We look forward to hearing from you!**



Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Your Background Check

As a volunteer organization, we care about our program and the quality of the individuals who help us. Alliance of Therapy Dogs (ATD) requires a background check for all prospective Members, except Junior Member applicants, prior to being assessed. ATD believes it is an important process to assure we are bringing in Members who are trustworthy.

It has become a norm in our society to have volunteers go through a background check. It will provide the facilities we visit with a sense of comfort that ATD volunteers have been properly screened. Background checks prior to testing will also help to keep ATD's insurance premiums low and, thus, keep your yearly fees low.

ATD has selected Sterling Volunteers to run the background checks on our applicants. The cost for the background check is \$20.00, which also allows you to share the results with other organizations. The first share with one other organization is free. After you complete the background check, ATD will review the results and notify you when you can begin the testing process. You will be sent a letter/email to present to the Tester/Observer who will be testing you and your dog.

You can find information about the process and complete your background check from ATD's website. Here are the steps:

- Go to [www.therapydogs.com](http://www.therapydogs.com).
- Click on Join.
- Select Be a Member.
- Scroll down and select Begin your Background Check .
- Follow the directions to provide the necessary information to run the background check.

If you do not have computer access, please contact the ATD Office at 307-432-0272 or 877-843-7364.

Once your background check is completed, you will receive an email confirming your eligibility to take the ATD test. You may then contact a Tester/Observer to begin the ATD Certification Test.

If you still cannot find or did not receive the email, you may present to the Tester/Observer a printout of the first page of the "Confidential Background Check Report" (click the badge on your Sterling Volunteer page to access). If there is any concern about the background check, you will be contacted by ATD for additional information.



Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Important Facts, Rules and Guidelines to Know

You are responsible for reading and knowing the guidelines below before completing your testing process. In addition, once you pass testing, you will be required to know all the Alliance of Therapy Dogs (ATD) Rules and Regulations in the Member Handbook that will be sent to you. For details on any of ATD's Rules and Regulations, Policies, Code of Ethics, and more, please see the "Member" page on our website, [www.therapydogs.com](http://www.therapydogs.com).

### Items Required on In-Person Visits (in addition to required handler attire and dog equipment):

- Membership card.
- Red heart-shaped ATD identification tag on an appropriate collar, harness, or vest, and 4-foot or shorter leash (the tag should be removed from the dog when not on a visit).
- Written proof of the dog's vaccinations either carried with on the visit, or in the car, and available upon request.

### Handler Attire:

- Sensible, safe walking shoes with backs or a strap around the heel (no flip-flops, high heels, spike heels or shoes without backs).
- No skimpy or tight-fitting attire, including short shorts, tank tops, and bare midriffs.

### Dog Equipment:

- Permitted equipment: slip, buckle, quick release, martingale, limited slip or any other smooth collars made of chain, nylon or leather; and head and body halters/harnesses made of fabric webbing or leather with metal or plastic buckles.
- The collar should fit snugly enough so the dog cannot easily back out of the collar or slip it off of his/her head. A slip collar should be correctly worn so it releases properly as designed.
- Dogs wearing a body halter/harness, or a head halter must also wear an approved collar. The leash may be attached to the collar, halter, or harness.
- Leashes must be 4 feet in length or shorter and made of material strong enough for the size and strength of the dog. The use of a traffic leash is recommended for large dogs.
- Equipment that is not allowed: Clickers, retractable, slip leashes, elastic/bungee or chain leashes, pinch, prong, spiked or electronic collars and body halters or harnesses fastened with Velcro® or metal clothing snaps.

### Visit Start and End Duration:

- The visit or event begins as soon as you and your dog exit the vehicle and/or step onto the facility property.
- The visit does not end until you leave the facility property.

### Only Handlers May Handle Their Dogs:

- Handlers must never leave their dogs alone with staff, patients, or visitors, or other handlers.
- Dogs must be kept on a 4-foot or shorter leash held only by the Member/handler. The leash must be held by the Member's hand at all times.

**Your Dog is Your First Priority:**

- Handlers must have their attention on their dogs for the safety and welfare of their therapy dogs as well as those whom they visit. Do not become so comfortable that you become careless.
- Excuse yourself and your dog from any situation you do not believe will be a positive experience for all involved. Never put yourself or your dog in a questionable or threatening situation. Handlers should evaluate their dog's health and attitude, as well as their own, prior to every visit.
- Be alert to signs of stress in your dog and yourself. Monitor the body language of your dog for signs of stress, including, but not limited to: Excessive panting, licking, jumping or climbing on you for security, hiding behind you, shaking or developing tremors in the body or legs, pressing the ears and tail close to the body, yawning or changing facial expressions, looking for an escape route or doorway, refusing to socialize.

*ATD's body language infographic and webinar are available on the website. If your dog is showing signs of stress, it is important to leave the visit immediately.*

**Maintain Control of Dog's Head:**

- Facial kisses are not allowed in front of the human or dog's ears.
- Maintain control of your dog's head at all times when visiting.  
*(Examples: Hold the collar, face your dog away from the person, or gently hold their face or chin.)*

**2-foot Rule:**

- Dogs must be kept at least 2 feet from other dogs and animals at all times while on an ATD in-person visit.
- If a dog prefers more than 2 feet, the handler should provide for the dog's needs. You are not covered by insurance if your dog is within 2 feet of another animal, including when posing for photos.

**Treats on Visits:** Treats are not allowed during the Handling Assessment. During the Observations, only the handler may give treats to their dog. Do not allow those you visit to give your dog treats.

**Dogs on Laps and Furniture:**

- The ATD Member/handler must know and strictly adhere to the facility policy concerning dogs on any laps and furniture.
- This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds, or physical therapy beds or pads. The handler must be in control of the dog's head at all times.
- Dogs over 15 pounds cannot be placed on laps
- Dogs under 50 pound can be placed on occupied furniture.
- All dogs may be placed on unoccupied furniture.

**Photos:** If photos are allowed, members must have an ATD Media Authorization Release Form signed prior to taking any photo which identifies any individual (e.g. face, tattoo, birthmark, scar, etc.). A facility's or organization's media release may not be used instead of the ATD media release.

**Local Groups:** ATD only recognizes individual members and T/Os. There are no ATD-sanctioned local groups or chapters. Individual members may choose to join any local group, as they see fit. ATD Members may visit with teams from other groups and registering organizations.

**A Member in Good Standing Meets the Following Criteria:**

- Is current on dues.
- Is not presently suspended from making visits for any reason.
- Abides by the ATD Rules and Regulations.
- Your therapy dog is up to date on vaccines, has had a negative fecal test and an annual wellness exam within the past 12 months.
- Participates in and logs at least 1 in-person visit every 3 months.

These ATD membership requirements are the same for Junior Handlers.



Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## 2025 Membership Application

Application must be received within 6 months from the date of the Handling Assessment, Sections 1-9 | type or print legibly in ink | \*indicates required information for membership

Existing Member ID# \_\_\_\_\_

Minimum age for regular membership is 18 years. Ages 12 - 17 may be tested for junior membership.

\*Full Legal Name: \_\_\_\_\_ \*Preferred Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Phone #: \_\_\_\_\_ \*Email: \_\_\_\_\_

\*Dog's Call Name \_\_\_\_\_ \*Breed or Mix Type \_\_\_\_\_

Dog's Date of Birth (if known) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

I would like a paper copy of the Newsmagazine in lieu of a digital copy. Yes \_\_\_ No \_\_\_

Will you be using your dog in your line of work to perform therapy dog-type functions?

Yes \_\_\_ No \_\_\_ If yes, what is your occupation? \_\_\_\_\_

*Alliance of Therapy Dogs (ATD) insurance only covers you while volunteering. Supplemental insurance is available through ATD.*

I certify that I have read, and I understand the ATD Rules and Regulations as outlined in this Membership Application, and insurance coverage as set forth by ATD. I agree to abide by these regulations when working with my dog under ATD's name. My dog will wear the official red heart ATD identification tag, and I understand that I will be covered for liability under ATD's insurance while participating in visits under ATD's name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to provide the required annual veterinary care as set forth by ATD. I understand that as an ATD member, I am required to make and log a minimum of 1 volunteer visit every 3 months with my dog.

\*Applicant Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Age of Applicant (if minor) \_\_\_\_\_

\*Signature of Parent/Guardian: \_\_\_\_\_ \*Date: \_\_\_\_\_

**The following items are required and must be included for membership:**

- Sterling Volunteer Background Check Proof of Eligibility (except junior handlers and current members in good standing)
- Completed ATD Handling Assessment and Observations
- This completed application
- Signed Assumption of Risk and Release of Liability Form
- Signed Rules Review Form
- Completed Health Verification Form
- Fees

*Note: A separate set of forms must be completed for each dog/handler team.*

Please keep a copy of your application and test forms and send the originals to:

**Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
office@therapydogs.com**

You can email the paperwork to: **office@therapydogs.com** We will confirm receipt of and send a link to pay dues online.

If you overnight or express the paperwork, send to: **1919 Morrie Ave, Cheyenne, WY 82001**

**Explanation of Membership Fees:**

- **Single membership fee** (1 person/1 dog)  
One person/dog team is \$ 35 per year  
New member processing fee is \$ 20 per household  
**Total due is \$55**
- **Single membership fee** (1 person/2 dogs)  
First person/dog team is \$35 per year  
Additional dog(s) is \$15 each  
New member processing fee is \$20 per household  
**Total due is \$70**
- **Two people, one household, one dog** (2 people/1 dog)  
First person/dog team is \$35 per year  
Second person in the same household is \$15  
New member processing fee is \$20 per household  
**Total due is \$70**
- **Existing members**  
Each additional dog or handler in the same household is \$15  
You do not pay the membership fee or the processing fee again
- **Two members handling the same dog who do not live in the same household**  
Each will pay the full membership fee of \$35 and \$20 for processing. Each person has their own account and will receive their own member packet and renewal.
- **Supporting membership** (membership without registered dog)  
**Total due is \$20**

One renewal date per household

October through March registrations will renew on January 1 of each year.

April through September registrations will renew on July 1 of each year.



Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## New Member Health Verification Form

**Please complete this form prior to arriving at the Handling Assessment of the Certification process. This form must be submitted and current when your complete application is sent to the Alliance of Therapy Dogs Office for processing.**

Handler/Prospective Member Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Owner Name (If not the same as handler) \_\_\_\_\_ Owner Phone # \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dog's Date of Birth (approximate age if DOB is unknown) \_\_\_\_\_

Veterinarian Name \_\_\_\_\_

Veterinarian Address \_\_\_\_\_

Veterinarian City, State, Zip \_\_\_\_\_

Veterinarian Phone \_\_\_\_\_

### Dates and Signature to be Completed by the Veterinarian or Vet Clinic Staff Only

- Date annual wellness exam was completed (within the past 12 months) \_\_\_\_\_
- Date current negative fecal exam was completed (within the past 12 months) \_\_\_\_\_
- Date current rabies vaccination was given \_\_\_\_\_  1 year  3 year  
or Date of Rabies Titer \_\_\_\_\_ Titer Level \_\_\_\_\_  
(must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

The dog listed on this form has been examined in this clinic, and it is believed that this dog is healthy and free of internal and external parasites on the date listed above.

\_\_\_\_\_  
**Required Veterinarian Signature or Clinic Stamp**

\_\_\_\_\_  
**Date Signed or Stamped**



Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Rules Review

(Items to be discussed with the Tester/Observer)

1. What are some signs your dog is stressed? What should you do when you see those signs?
2. When and how must you hold your 4-foot or shorter leash?
3. How do you maintain your membership in good standing?
4. What is the Alliance of Therapy Dogs Media Policy if you choose to take photos on a therapy dog visit?
5. What are some ways you can maintain control of your dog's head?
6. In addition to an approved 4-foot or shorter leash, what must members have with them on a visit?

I have discussed the above questions and other guidelines with the applicant.

Tester/Observer Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I have discussed the above questions and other guidelines with the Tester/Observer.

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_





Alliance of Therapy Dogs  
P.O. Box 20227  
Cheyenne, WY 82003  
307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Assumption of Risk and Release of Liability

### **PLEASE READ CAREFULLY. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.**

The undersigned desires to apply for Alliance of Therapy Dogs (“ATD”) membership and otherwise participate in, volunteer at, assist with, or observe ATD events. In consideration of my being allowed to apply for ATD membership and to participate in, volunteer at, assist with, or observe ATD events, including but not limited to ATD Certification and ATD Observations, I agree as follows:

I understand the inherent dangers of handling dogs in settings with people and with other dogs and I recognize the importance of following safety rules in all situations. I understand that I am responsible for reading, understanding, and following all applicable ATD rules. I understand that, even with the strict observance of event rules and safety rules, injury to myself, my dog, and my property is still possible.

**I assume all risks and responsibility** for the safety of myself, my dog and my property, as well as the safety and property of any dog, spouse, dependent, minor child, or any other person who accompanies me.

**I UNCONDITIONALLY RELEASE, HOLD HARMLESS, and AGREE TO INDEMNIFY** ATD and all of its directors, officers, agents, employees, members, sponsors, contractors, related parties, and other affiliates (collectively, “Releasees”) from all claims, demands, costs and expenses (including attorneys’ fees) and causes of action whatsoever, either in law or in equity, arising out of or in any way connected with any loss, damage, bodily injury, disability, illness, or death sustained by me, my dog, my property or any dog, spouse, dependent, minor child, or other person who accompanies me, including any such person’s property, arising from my participation in ATD events or activities.

**I FURTHER UNCONDITIONALLY AGREE TO RELEASE, HOLD HARMLESS, and INDEMNIFY** the Releasees for all claims, demands, costs and expenses (including attorneys’ fees) and causes of action whatsoever, either in law or in equity, arising out of or in any way connected with any loss, damage, bodily injury, illness, disability, or death sustained by any third parties or such third parties’ property during ATD events or activities as a result of my failure to follow any and all ATD rules.

I agree to pay ATD's reasonable costs and attorneys' fees incurred to enforce this Release. I consent to the state courts of Laramie County, Wyoming, having exclusive venue and jurisdiction over any dispute arising from or in connection with this Release.

I understand this Release shall be binding on me, my personal representatives, heirs, successors and assigns. I agree that if any part of this Release is found not to be legally binding, then all other parts of this Release shall be binding and continue in full force and effect.

I have read the contents of this Release, am fully informed of its contents and affirm that I understand its contents. I have signed this Release voluntarily. In addition, I assume responsibility for my physical fitness in regard to my ability to perform the functions required for ATD events and activities.

I am of lawful age and legally competent to sign this Release. If I am signing for a minor, I am a parent or legal guardian of the minor.

**To your knowledge, has this dog ever bitten a person?**

**Yes \_\_\_ (Date of bite \_\_\_\_\_) No \_\_\_**

*If yes to this question, the membership process must cease. Contact the ATD Office.*

**Are you the owner of this dog? Yes \_\_\_ No \_\_\_ Dog's name \_\_\_\_\_**

**Have you had a relationship with this dog for at least six months? Yes \_\_\_ No \_\_\_**

*If no, the team cannot be assessed for ATD Certification until this requirement is met.*

\_\_\_\_\_  
**Prospective Member/Applicant Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Print Full Legal Name**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Address  
Code**

**City**

**State**

**Zip**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian (If applicable)**

**The prospective member must sign this document before assessment. A release for each handler/dog team must be returned with ATD Certification and Member Application to the ATD Office.**



Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## 2025 Certification Test

*Must be received by the Office within 6 months from the date of the Handling Assessment*

**Applicant Full Legal Name:** \_\_\_\_\_ **Dog's Call Name:** \_\_\_\_\_

Is this the first time being assessed with this dog for ATD?  Yes  No  
 If assessed before, please indicate the approximate previous assessment date(s): \_\_\_\_\_

The Alliance of Therapy Dogs Certification Test may be taken no more than 3 times with the same dog, with at least 30 days in between tests. Falsification of any information will result in membership denial.

**Bring to the Test:**

- Proof that you have successfully completed the Sterling Volunteers background check
- A completed, veterinarian signed/stamped and dated Health Verification Form
- A completed, signed and dated Assumption of Risk and Release of Liability form.

**Each Handler/Dog Team Must Pass All Sections of This Assessment**

**Observed in Stroller:**  Yes  No

**Handling Assessment Sections 1-9**

**1. Handlers attention to instructions: Handler arrived at assessment appointment with the following required items:**

- Did the handler bring an approved collar for the dog? .....  Yes  No
- Did the handler bring an approved 4-foot or shorter leash for the dog? .....  Yes  No
- Was the handler clean and dressed appropriately including correct footwear? .....  Yes  No

**Pass**  **Fail**

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

**2. Initial Meeting:**

- Was the handler in control? .....  Yes  No
- Were the handler and dog polite? .....  Yes  No
- Was the dog corrected or redirected for inappropriate behavior? .....  Yes  No or NA
- Was the dog praised for good behavior .....  Yes  No
- Was the dog clean and well groomed? .....  Yes  No

**Pass**  **Fail**

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

**3. Canine-human Behavior: Friendly Stranger**

- Dog held, lifted, carried and/or in stroller for assessment\* .....  Yes  No or NA
- Was the handler in control? .....  Yes  No
- Did the dog bark at person(s)? .....  Yes  No
- Was the dog interested in the person(s)? .....  Yes  No
- Was any sign of aggression demonstrated? .....  Yes  No
- Was the dog corrected or redirected for inappropriate behavior? .....  Yes  No or NA
- Did the handler praise the dog? .....  Yes  No

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**4. Physical Handling of the Dog and Dog's Responses:**

- Dog held, lifted, carried and/or in stroller for assessment\* .....  Yes  No or NA
- Stroking the head, body and tail with both hands .....  Acceptable  Unacceptable
- Touching the paws .....  Acceptable  Unacceptable
- Scratching or petting the throat .....  Acceptable  Unacceptable
- Holding the ears .....  Acceptable  Unacceptable

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**5. Handler Control of Dog with Loose Leash:**

- Dog held, lifted, carried and/or in stroller for assessment\* .....  Yes  No or NA
- Team moving forward, changing pace between normal, slow and quick .....  Yes  No
- Team making left and right turns and turning around .....  Yes  No
- Stopping with dog staying calmly by the handler's side for 5 seconds .....  Yes  No
- A person rushing past the team while in motion (from front/back/side) .....  Yes  No
- Near a person walking unsteadily\* .....  Yes  No
- Team going up to a seated person for petting\* \*\* .....  Yes  No

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**6. Canine-canine Behavior: Never allow the dogs to be closer that 2 feet or to stare at another dog.**

- Dog held, lifted, carried and/or in stroller for assessment\* .....  Yes  No or NA
- Was the handler in control? .....  Yes  No
- Did the dog bark at other dog(s)? .....  Yes  No
- Was the dog interested in other dog(s)? .....  Yes  No
- Was any sign of unprovoked aggression demonstrated? .....  Yes  No
- Was the dog corrected or redirected for inappropriate behavior .....  Yes  No or NA
- Did the handler praise the dog? .....  Yes  No

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**7. Dog's Apparent Responsiveness:**

Did the dog demonstrate a willingness to participate in the exercises? .....  Yes  No

If initially excited, did the dog calm down and begin to respond? .....  Yes  No or NA

Did the dog exhibit signs of avoidance or stress during the test? .....  Yes  No

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**8. Does the handler have the ability to safely handle this dog?**

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**9. Did the handler follow your instructions during the handling portion of the assessment?**

Pass  Fail

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

**Date of Handling Assessment:** \_\_\_\_\_  Pass  Fail

**Tester Signature:** \_\_\_\_\_

**Tester Name (print):** \_\_\_\_\_

Comments or, if needed, areas for improvement: \_\_\_\_\_

---

---

---

---

---

---

---

---

**Assessment for an Exception?**  Yes  No

**Specify the exception (Required):** \_\_\_\_\_

If assessing for an exception, application goes through Alternative Review Process.

*\* Any dog that might be held, lifted or carried during visits must also perform the exercise held by the handler.*

*\*\* A dog too short to be reached for petting must have its front legs lifted or propped up for this exercise.*



Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Observation 1

**Applicant Full Legal Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

- Minimum of 3 Observations required.
- Maximum of 4 allowed.
- Two Observations must be done at a medical care facility.
- All Observations must be conducted on 3 (or 4) different days.
- Please use the comment section for all exceptions or stating observed dog in stroller.

### Observation 1:

Type of facility used for Observation .....  Medical  Other  
 Was the behavior acceptable when the dog was held, lifted, carried and/or in stroller?.  Yes  No or NA  
 Does the handler have the ability to safely handle this dog? .....  Yes  No  
 Did the handler follow your instructions? .....  Yes  No  
 Did the handler follow the ATD Rules and Regulations during this Observation? .....  Yes  No  
 Did the handler arrive with the proper approved equipment for the Observation? .....  Yes  No  
 Did the dog demonstrate a willingness to participate in the exercises? .....  Yes  No  
 If initially excited, did the dog calm down and begin to respond? .....  Yes  No or NA  
 Did the dog exhibit signs of avoidance or stress during the Observation? .....  Yes  No  
 The team demonstrated the skills to safely interact with people in animal-assisted functions.  
 .....  Yes  No  
 Needs improvement (If yes, list improvement needed in comments below.) .....  Yes  No  
 Fourth Observation required (If yes, indicate why in comments below.) .....  Yes  No

**Observation 1:**  Pass  Fail

**Comments or, if needed, areas for improvement:** \_\_\_\_\_

---



---



---



---

**Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observer Name (print):** \_\_\_\_\_

**Observed in stroller:**  Yes  No



Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

## Observation 2

**Applicant Full Legal Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

- Minimum of 3 Observations required.
- Maximum of 4 allowed.
- Two Observations must be done at a medical care facility.
- All Observations must be conducted on 3 (or 4) different days.
- Please use the comment section for all exceptions or stating observed dog in stroller.

### Observation 2:

Type of facility used for Observation .....  Medical  Other  
 Was the behavior acceptable when the dog was held, lifted, carried and/or in stroller?.  Yes  No or NA  
 Does the handler have the ability to safely handle this dog? .....  Yes  No  
 Did the handler follow your instructions? .....  Yes  No  
 Did the handler follow the ATD Rules and Regulations during this Observation? .....  Yes  No  
 Did the handler arrive with the proper approved equipment for the Observation? .....  Yes  No  
 Did the dog demonstrate a willingness to participate in the exercises? .....  Yes  No  
 If initially excited, did the dog calm down and begin to respond? .....  Yes  No or NA  
 Did the dog exhibit signs of avoidance or stress during the Observation? .....  Yes  No  
 The team demonstrated the skills to safely interact with people in animal-assisted functions.  
 .....  Yes  No  
 Needs improvement (If yes, list improvement needed in comments below.) .....  Yes  No  
 Fourth Observation required (If yes, indicate why in comments below.) .....  Yes  No

**Observation 2:**  Pass  Fail

**Comments or, if needed, areas for improvement:** \_\_\_\_\_

---



---



---



---

**Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observer Name (print):** \_\_\_\_\_

**Observed in stroller:**  Yes  No



Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

### Observation 3

**Applicant Full Legal Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

- Minimum of 3 Observations required.
- Maximum of 4 allowed.
- Two Observations must be done at a medical care facility.
- All Observations must be conducted on 3 (or 4) different days.
- Please use the comment section for all exceptions or stating observed dog in stroller.

#### Observation 3:

Type of facility used for Observation .....  Medical  Other  
 Was the behavior acceptable when the dog was held, lifted, carried and/or in stroller?.  Yes  No or NA  
 Does the handler have the ability to safely handle this dog? .....  Yes  No  
 Did the handler follow your instructions? .....  Yes  No  
 Did the handler follow the ATD Rules and Regulations during this Observation? .....  Yes  No  
 Did the handler arrive with the proper approved equipment for the Observation? .....  Yes  No  
 Did the dog demonstrate a willingness to participate in the exercises? .....  Yes  No  
 If initially excited, did the dog calm down and begin to respond? .....  Yes  No or NA  
 Did the dog exhibit signs of avoidance or stress during the Observation? .....  Yes  No  
 The team demonstrated the skills to safely interact with people in animal-assisted functions.  
 .....  Yes  No  
 Needs improvement (If yes, list improvement needed in comments below.) .....  Yes  No  
 Fourth Observation required (If yes, indicate why in comments below.) .....  Yes  No

**Observation 3:**  Pass  Fail

**Comments or, if needed, areas for improvement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observer Name (print):** \_\_\_\_\_

**Observed in stroller:**  Yes  No





Alliance of Therapy Dogs  
 P.O. Box 20227  
 Cheyenne, WY 82003  
 307-432-0272 or 877-843-7364  
[office@therapydogs.com](mailto:office@therapydogs.com)  
[www.therapydogs.com](http://www.therapydogs.com)

### Observation 4

**Applicant Full Legal Name:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

- Minimum of 3 Observations required.
- Maximum of 4 allowed.
- Two Observations must be done at a medical care facility.
- All Observations must be conducted on 3 (or 4) different days.
- Please use the comment section for all exceptions or stating observed dog in stroller.

**Observation 4 (if needed):**

Type of facility used for Observation .....  Medical  Other  
 Was the behavior acceptable when the dog was held, lifted, carried and/or in stroller?.  Yes  No or NA  
 Does the handler have the ability to safely handle this dog? .....  Yes  No  
 Did the handler follow your instructions? .....  Yes  No  
 Did the handler follow the ATD Rules and Regulations during this Observation? .....  Yes  No  
 Did the handler arrive with the proper approved equipment for the Observation? .....  Yes  No  
 Did the dog demonstrate a willingness to participate in the exercises? .....  Yes  No  
 If initially excited, did the dog calm down and begin to respond? .....  Yes  No or NA  
 Did the dog exhibit signs of avoidance or stress during the Observation? .....  Yes  No  
 The team demonstrated the skills to safely interact with people in animal-assisted functions.  
 .....  Yes  No

**Observation 4:**  Pass  Fail

**Comments or, if needed, areas for improvement:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Observer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observer Name (print):** \_\_\_\_\_

**Observed in stroller:**  Yes  No