



MID-MICHIGAN THERAPY DOGS, INC.

Kathie Whitehouse, President – 248-909-9522

Terri Martin Lead Trainer, VP – 248-521-2930

CLASS APPLICATION

Cost of class is \$190.00 – Please PRINT except where signature is requested

DATE: _____

NAME: _____ Date of birth: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Driver's License # or Michigan ID # _____ E-mail address: _____

PHONE: Home: _____ Cell: _____

Dog's Name: _____ Breed: _____

Dog's Age: _____ Sex/Altered? _____

Has your dog taken any kind of classes? _____

How did you hear about Mid-Michigan Therapy Dogs? _____

Where would you like to visit with your dog? _____

Would you be interested in participating in Special visits in addition to you regular visits? _____

Prior to class a background check will be run on all students.

Failure to fill out and sign the following consent will result in class denial.

Have you ever been convicted of a crime?

IF SO, COMPLETE: Date: _____ Where: _____ Charge: _____
Disposition: _____ SID NUMBER: _____

I, _____, consent to a background check.
Print name

***MMTD Handler's Acknowledgement: When working with my dog in a therapy team capacity:
I will not be under the influence of drugs or alcohol
I will not smoke while on a visit
I will not take money for visits. All donations go to MMTD.
I will dress appropriately & dog will be clean and wear their vest.
I will carry copies of our current insurance papers, shot records, license & certificate.***

_____ Date: _____
Written Signature

Please send your check made out to MMTD, along with the application, a copy of your dog's shot records and current license to:

**Mid-Michigan Therapy Dogs, Inc.
P.O. Box 320886
Flint MI 48532**

Information below to be completed by MMTD

Spring or Fall Class _____ Check # & date _____
Year

