





**Class Application**  
**Mid-Michigan Therapy Dogs, Inc**

**MMTD Handler's Acknowledgment: 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 or vape while on a visit.
- I will not take money for visits. All donations go to MMTD.
- I will not use a cell phone while on a visit.
- I will dress in appropriate MMTD logo apparel & dog will be clean and in MMTD vest.
- I will carry copies of our current insurance papers, shot records, license & certificate.
- *I understand and agree that I will not make any visits with my dog representing MMTD until certification is complete.*
- *I understand that **MMTD's Liability Insurance** is only in place in the following situations:*
  - *the therapy visit is done in a setting where the dog and handler are volunteering their time and efforts*
  - *total visit(s) is 3 hours or less per day*
  - *during the visit, the handler's primary "Task" is to be the handler of the dog therapy team, and not an employee/professional (therapist, teacher, social worker, etc).*

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
**(Written Signature)**

Provide a copy of shot records and license for your dog. **Failure to provide payment, shots and license copies and a completed/signed Application/consent will result in class denial.**

Mail the following to MMTD:

- this completed Application
- a copy of your driver's license
- a copy of your dog's current license
- a copy of your dog's shot record
- check made payable to Mid-Michigan Therapy Dogs, Inc.

Mailing Address:  
Mid-Michigan Therapy Dogs, Inc.  
P.O. Box 320886  
Flint, MI 48532