



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

Cost of class is \$190 for 1 Handler/1 Dog or \$315 for 2 Handlers/1 Dog.  
Please PRINT except where signature requested.

Your Name:	Your Birthday:	
<hr/>		
Your Address:	City:	Zip:
<hr/>		
Your Email Address:		
<hr/>		
Your Cell Phone:	Home Phone:	
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Dog's Name:	Dog's Breed:
<hr/>	
Dog's Birthday/Age:	Sex/Altered?:
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Has your dog taken any kind of classes?  

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How did you hear about Mid-Michigan Therapy Dogs?  

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Where would you like to visit with your dog?  

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

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

Have you ever been convicted of a crime?  
If yes, complete the following:

Date:	Where?:	Charge:
<hr/>		
Disposition:	SID Number:	
<hr/>		

I, \_\_\_\_\_, consent to a background check.  
(Print Name)



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**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 with 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 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, also, understand that using a cell phone while on a visit is not allowed.*

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 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

Information below is to be completed by MMTD

Spring or Fall Class?:	Year:	Check # & Date:
Choose Class A: 5:45-6:45pm:		
Or Class B: 7-8pm:		