



**THERAPY DOG ORGANIZATION APPLICATION FOR RECOGNITION BY THE CANADIAN KENNEL CLUB**

Name of Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**\* Your organization must be Not for Profit**

Board of Directors at your Organization?  Yes  No

Number of volunteers in your Organization:  Less than 5  6 to 10  11 to 20  Over 20 How many? \_\_\_\_\_

Please provide a copy of your organization's Liability Insurance

Number of years Organization established? \_\_\_\_\_

Please provide a copy of your organization's Therapy Dog Assessment Program used to qualify dog/owners suitable for the program

Please indicate the number of minimum hours of a dog visit \_\_\_\_\_

Provide website or Facebook URL/Link: \_\_\_\_\_

Please provide any other relevant comments: \_\_\_\_\_

Consent to be listed on The Canadian Kennel Club website if your application is approved as a Therapy Dog Organization where CKC recognizes Titles  Yes  No