



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