CANADIAN KENNEL CLUB CLUB CANIN CANADIEN

200 RONSON DRIVE, SUITE 400, ETOBICOKE, ON M9W 5Z9 TEL (416) 675-5511 1 (855) 364-7252 FAX (416) 675-6506 www.ckc.ca

THERAPY DOG TITLE APPLICATION FORM

The CKC will record titles earned by approved Therapy Dog Organizations. The owner may submit this completed application along with a copy of the certificate from the approved organization or a record of visits form (found on www.ckc.ca forms-Therapy Dogs Record Form) title certificate plus the fee as per the CKC Schedule of Fees and CKC will place the title on the dog's record and produce a certificate. Applying for the CKC title and certificate is at the discretion of the owner.

All dogs must be CKC registered (individual No, MCN, ERN, CCN or PEN) to receive a CKC title.

Please keep a copy of this form for your records.

Owner's Name: _____

Address: _____

Telephone No: _____ Email: _____

Dog's Name: _____ Breed: _____

Registration No: ☐ Individual ☐ ERN ☐ CCN ☐ MCN ☐ PEN _____

Indicate Individual, ERN, CCN, MCN PEN No.

Please check title you are applying for

☐ Therapy Dog Novice Title (THDN) - 10 Visits

☐ Therapy Dog Title (THD) - 50 Visits

☐ Therapy Dog Advanced Title (THDA) - 100 Visits

☐ Therapy Dog Excellent Title (THDX) - 200 Visits

☐ Therapy Dog Distinguished Title (THDD) - 500 Visits

Title to be Recorded: _____ Date Earned: _____

Record Title Only: _____

Applicable Taxes:

5%GST - AB, BC, MB, QC, SK, YT
15%HST - NB, NL, NS, PEI
13%HST - ON _____

Total Amount Submitted: _____

PAYMENT INFORMATION

- For applicable fees, please refer to the CKC Schedule of Fees at www.ckc.ca - payable by Visa, MasterCard, money order or certified cheque.
- Payment in full to be made in Canadian dollars and payable to The Canadian Kennel Club. Please mail requests to The Canadian Kennel Club, 200 Ronson Drive, Suite 400, Etobicoke, ON M9W 5Z9 **Discounted cheques in US dollars will not be accepted.**
- Faxed and email requests will be accepted as long as credit card information is provided. Please fax to (416) 675-6506 or email to information@ckc.ca.

☐ VISA ☐ MasterCard ☐ Certified Cheque ☐ Money Order Total Amount Enclosed: _____

Credit Card Number Expiry Date CVV Number

_____ _____

Clearly Print Cardholder Name Authorized Cardholder Signature