



# NOR'WESTER THERAPY DOGS

## Therapy Dog Team Application

**PLEASE PRINT LEGIBLY:**

Feel free to make additional copies

Return to: Deborah Glessner, 1382 Newtown-Langhorne Rd., Apt J-104, Newtown, PA 18940

**HANDLER INFORMATION (one form for each applicant):**      Date \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Best time to call? \_\_\_\_\_

Occupation: \_\_\_\_\_ Work number: \_\_\_\_\_

Email: (print legibly) \_\_\_\_\_

What experience do you have with dog related activities and for how long?

How long have you been involved with therapy dog work, and what kind of therapy dog activities have you done?

What therapy dog organization(s) are you certified with?

What canine organizations do you belong to?

What facilities are you currently visiting?

What talents or skills do you have that you would be willing to offer as a non-dog volunteer with Nor'wester Readers?

**(use the back of this paper if you need additional room)**

**DOG INFORMATION (one form for each dog):**

Name of dog owned that is certified for therapy dog work: \_\_\_\_\_

Dog's call name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

If mixed breed, list primary and secondary breeds if known:

Does your dog have any previous therapy dog experience? If yes, please describe.

Does your dog have any special skills and titles?

Does your dog have any physical restrictions? If yes, please explain.

Has your dog ever bitten or snapped at a person or another dog?

When did your dog pass the Canine Good Citizen (CGC) test?

Is your dog neutered/spayed?

*I certify that I have read and understand the Nor'wester Therapy Dogs rules and regulations. I agree to abide by these regulations when working my dog under the name of Nor'wester Therapy Dogs. I certify that I will abide by my governing member guidelines of the therapy dog organization to which I belong and provide the required veterinary care and documents. I further ascertain that to the best of my knowledge my dog is in compliance with state and local laws regarding, but not limited to, vaccinations and licensing. I understand that as a member of Nor'wester Therapy Dogs, I am expected to honor the contracted schedule determined with the teacher of the class with whom I will be working.*

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Veterinarian name:

Clinic address:

Phone number:

**PLEASE ATTACH THE FOLLOWING:**

- **A copy of your dog's vaccination record**
- **A copy of your therapy dog organization membership ID showing the expiration date.**
- **A copy of your dog's CGC title certificate**
- **1 copy each of the three required Pennsylvania state child abuse clearances: PA Child Abuse History, PA State Police report, and the FBI Fingerprint report. In some cases, the affidavit is accepted in place of the fingerprint report. (please see application guidelines on our website for attaining these clearances.)**

**THANK YOU!**

Updated August, 2025