



Connecting Canines Animal Assisted Therapy Program

Team Registration Packet

Connecting Canines materials are subject to update. If you are concerned that your packet might be out of date, contact Laurie Hardman to receive the most current version: (206) 363-3004 or Laurie@ProjectCanine.org. The version date is printed at the bottom of each page of the packet.

Please be sure to fill out all sections below, providing your signature where required. Your completed registration packet must include payment by check. Processing of your registration packet may be delayed if any part is incomplete.

Registration is due within 30 days of successfully completing your exam. Please submit your complete registration as soon as possible after testing as you are *not* an insured Connecting Canines team until you receive your acceptance letter. Registrations submitted more than 30 days after examination are subject to a \$20.00 late fee. Examinations are void after 60 days, so please mail your registration as soon as possible.

Make your check out to Project Canine. Sorry, we are unable to accept payment by any other method at this time. Fees are as follows:

Animal/Handler Team Registration (2 years)	\$65.00
Animal/Senior (65+) Team Registration (2 years)	\$50.00
Additional Animal/Additional Handler	\$50.00
Late Registration, add	\$20.00

Please make a copy of your completed packet for your records. If you would like confirmation that your packet has been received, please mail it USPS "Return Receipt Requested". Turn around time for processing a complete registration is approximately 2-4 weeks.

Once your registration has been processed you will receive a Project Canine/Connecting Canines collar tag and a photo ID. Please make sure that both are visible when you visit as a Connecting Canines Animal Assisted Therapy Team.

Mail your completed registration packet (pages 5-7) to*:

Project Canine Registration
2400 NW 80th St. PMB 220
Seattle, WA 98117-4449

*Project Canine cannot guarantee proper handling of registration materials delivered to any other address.



Connecting Canines Registration Completion Guidelines

Preparation

The best way to prepare to become a Connecting Canines team is to take a Connecting Canines workshop or class. See the Connecting Canines page at www.ProjectCanine.org for scheduling. We also welcome teams with prior experience through another therapy organization. If you have prior experience and would like to test without taking a course, contact Connecting Canines Program Director Laurie Hardman: (206) 363-3004 or Laurie@ProjectCanine.org

Team Examination

Dogs must be one year old to qualify for testing. Cost to test is \$40. To schedule your examination, contact Connecting Canines Program Director Laurie Hardman: (206) 363-3004 or Laurie@ProjectCanine.org. Please bring one toy that your dog likes to play with and a comb or brush that you use to groom your dog. You do not need to bring any paperwork with you. Once you have successfully completed your test, your evaluator will give you a copy of your score sheet. The original will be filed with Connecting Canines pending the completion of your requirements and registration. If you do not pass your exam, your examiner will discuss why you did not pass and what you and your dog need to work on in order to pass on your next attempt. Examination results are valid for 60 days from the date of your exam.

Acceptable Equipment To Use During Examinations And Visits

A well-fitting fabric or leather flat collar; all fabric martingale style collar; head halter; or body harness with buckle, snap, or quick-release style closure. Dogs wearing a head halter or harness must also wear a leather or fabric collar. You will be required to visit using the equipment with which you tested (e.g. if you test using a Wonder Walker harness, your dog must wear a Wonder Walker harness when you visit). The following are NOT acceptable: choke collars of any material or prong collars. Evaluation and visits must be conducted using a fabric or leather leash, no more than 6 feet long. Flexi or chain leads are NOT acceptable. If you have questions about equipment, please get pre-approval from your instructor or evaluator prior to testing.

Shadows

In order to qualify as a Connecting Canines team you must complete shadow visits according to the requirements outlined below. You will be asked to schedule your shadows at the time you successfully complete your exam. If you are not able to schedule at that time, contact Connecting Canines Program Director Laurie Hardman: (206) 363-3004 or Laurie@ProjectCanine.org. Be sure to mail your Shadow Visit Completion form with your registration.

Photos

Your ID photo will be taken by your examiner when you successfully complete your exam. If this does not happen or you prefer to submit your own photo, please contact Monica Payson for photo guidelines: 206.297.1058 or Monica@ProjectCanine.org. PLEASE NOTE: Your registration is not complete and cannot be processed without your team photo.

NOTE

You must include one copy of the first page of your exam with your registration packet.



Shadow Requirements

All prospective teams must complete shadow visits according to the following guidelines. Your examiner will indicate at the time of your exam what your shadowing requirements are. You have 30 days from the time of your exam to complete your shadow requirements.

New Teams: Complete one shadow without canine partner accompanied by experienced team
Complete one shadow with canine partner accompanied by experienced handler

Crossover Teams: Complete one shadow with canine partner accompanied by experienced handler

Insurance: Teams are provisionally covered upon successfully completing the exam for the purpose of conducting supervised shadow visits. Teams are not covered to visit unsupervised until they have successfully completed all registration requirements and received an acceptance letter and photo ID.

Explanation of Certifications, Endorsements, and Restrictions

Certifications

Level I: All new teams or teams new to Project Canine/Connecting Canines.

Level II: All teams certified with Project Canine/Connecting Canines for at least two years. Automatic eligibility upon renewal.

Endorsements

Puppy: Approved teams who have passed the Puppy exam.

Off-Leash: Approved Level II teams who have passed the Off-Leash exam, including or excluding the Retrieve and Release portion.

Retrieve and Release: Approved Level II teams who have passed the entire Off-Leash exam including the Retrieve and Release portion.

Restrictions

Harness (must visit with leash attached to harness)

Must visit with adult present

May not visit with other dogs

(Other restrictions may apply at the discretion of the examiner)

All Levels and Endorsements require re-examination and renewal every two years. Please speak with your instructor or examiner if you are interested in testing for additional Endorsements. Handlers may elect to retest in different equipment in order to remove a restriction upon renewal.



Connecting Canines Registration Checklist

- Complete the Connecting Canines preparation course
- Complete the Connecting Canines team examination
- Complete 1 shadow visit without your partner
- Complete 1 shadow visit with your partner
- Fill out the Connecting Canines Team Application
- Review and sign the Connecting Canines Volunteer Expectations form
- Fill out the Connecting Canines Volunteer Contact form
- Make out your check to Project Canine
- Mail your completed application packet (pages 5-7 only)
- Be sure to include one copy of the first page of your completed exam
- Be sure to include your shadow visit completion form
- If necessary, email your team photo



Connecting Canines Registration Form

1. Handler Information

Handler Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Alternate Phone _____
Email _____

2. Canine Information

Canine Name _____
Canine Date of Birth _____
Canine Breed _____

3. Requirements

Training Course or Prior Experience _____
Examination Date _____
Examiner _____
Shadow Dates _____
Shadowed With _____
Facility Name _____

4. Vet Information

Your Vet's Name _____
Clinic Name _____
Clinic Phone _____

5. Emergency Contacts

Name/Relationship/Phone _____
Name/Relationship/Phone _____

6. Payment Information

- | | |
|---|---------|
| <input type="checkbox"/> Animal/Handler Team Registration (2 years) | \$65.00 |
| <input type="checkbox"/> Animal/Senior Team Registration (2 years) | \$50.00 |
| <input type="checkbox"/> Additional Animal/Additional Handler | \$50.00 |
| <input type="checkbox"/> Late Registration, add | \$20.00 |
| <input type="checkbox"/> Tax Deductable Donation | _____ |

TOTAL enclosed _____

Check Number: _____

For Office Use Only

Packet Complete: _____
Member ID#: _____ Level: _____ Restr: _____ End: _____
ID Issue Date: _____ Expiration: _____



Connecting Canines Volunteer Expectations

Please review the Connecting Canines Volunteer Expectations as described below, then sign and date at the bottom.

As a certified Project Canine/Connecting Canines volunteer Therapy Animal Team, I understand and agree to the following:

- I will abide by Project Canine's Connecting Canines Volunteer Expectations as defined and demonstrated in Project Canine's Therapy Dog Training Program including use of acceptable equipment.
- Project Canine assumes no legal liability for my actions or the actions of my canine partner(s) in our role as a certified Connecting Canines Therapy Animal team.
- Project Canine does not provide any insurance coverage for losses incurred or caused by me or my canine partner(s) outside the scope of our Project Canine volunteer activities.
- If my canine partner or I cause a loss to Project Canine volunteers, I will be liable for that loss.
- If my canine partner or I cause a loss that is in excess of the limits of Project Canine's commercial general liability insurance, I will be liable for losses in excess of those limits.
- If my canine partner or I intentionally cause a loss or act outside the scope of Project Canine/Connecting Canines volunteer activities; I will be liable for any losses.
- My canine partner is current on all required vaccinations or titers.
- I treat my dogs for fleas/ticks, etc. on a regular basis.
- My dog has been tested for internal parasites via a fecal test at least one time per year.
- If any incident of concern occurs while my canine partner and I are visiting as a Connecting Canines therapy animal team, I will immediately notify the appropriate Project Canine/Connecting Canines contact person.
- I will maintain physical control of my canine partner at all times and will not leave my partner in the care of any other person while engaged in Connecting Canines volunteer activity.
- Unless my canine partner and I are Off-Leash certified by Connecting Canines, I will not allow my dog off-leash at any time while engaged in Connecting Canines volunteer activity.
- I will abide by any restrictions to my certification while visiting as a Connecting Canines volunteer.
- I will act in a professional manner at all times and will not disparage any other therapy animal preparation program or endorsement organization.
- If I am under 18, I will not visit without adult supervision.
- I have never been convicted of a crime of violence and/or a crime against a child or elder, and I will agree to a background check if required by any agency or program.

Signature: _____

Date: _____

If under 18, parent or legal guardian must sign below:

Parent or legal guardian signature: _____

Date: _____



Connecting Canines Volunteer Contact Form

Project Canine/Connecting Canines is a volunteer organization. We rely on our members to support us in myriad ways. We receive many requests for information, speakers, and assistance in developing therapy animal programs. We also have many behind the scenes needs that you can help support.

Handler Name _____
Canine Name _____
Address _____
City _____ State _____ Zip _____
Phone _____
Alternate Phone _____
Email _____

Does your dog do tricks? Yes No

If yes, tell us about them:

YES! Please contact me about the following volunteer opportunities (check all that apply):

- Speak to small groups about my experiences
- Talk to individuals interested in Connecting Canines
- Talk to media about my experiences
- Provide information and demonstrations to facilities interested in incorporating our program
- Assist Shadow Program (be shadowed by new teams/shadow new teams)
- Assist in Connecting Canines Therapy Dog Preparation Classes and/or Examinations
- Assist in Project Canine/Connecting Canines Fundraising events

We are also able to assist our members in finding opportunities for working with their dogs.

- YES, I would like my name and contact information made available to facilities seeking Connecting Canines therapy visits.
- NO, I would not like my name and contact information made available to facilities seeking Connecting Canines therapy visits.

Please list any special skills you have that you would be willing to share with Project Canine/Connecting Canines as we grow our organization:

