2025 Enrollment Application

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NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOGS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BREED, AGE\_\_\_\_\_\_\_\_\_ SPAYED or NEUTERED\_\_\_\_\_\_\_\_ MALE or FEMALE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_AKC#:\_\_\_\_\_\_\_\_\_\_

VETERNARIAN AND PHONE#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU BE GOING ONTO SERVICE DOG TRAINING: YES: \_\_\_\_\_\_\_\_ NO: \_\_\_\_\_\_

**PLEASE NOTE IF YOU ARE DOING THE PUBLIC ACCESS TEST FOR SERVICE DOG TRAINING 2GETHER FUREVER, INC. AND BONAFIDE THERAPY DOGS, INC. ARE TWO SEPARATE COMPANIES. RULES, REGULATIONS, AND POLICIES DIFFER BETWEEN THE ORGANIZATIONS.**

A copy of your dogs up to date shot records are required and must be submitted at the same time as this application from your veterinarian. Insurance and Vaccine records are to be sent in yearly in order to make visits.

**I AGREE TO CONDUCT MYSELF IN AN ETHICAL MANNER AND ABIDE BY THE GUIDELINES SET FORTH BY:**

**BONAFIDE THERAPY DOGS, INC.** **(“BTD”)** from time to time exists. I hereby acknowledge I am solely responsible for myself and/or my dog (s) at all times, including, but not limited to, those times/locations when/where I and/or my dog(s) registered with **BTD** may be participating in a **BTD** sanctioned training, visit or event. I hereby indemnify and hold harmless ( I ) **BTD**, its officers, directors, members, agents, representatives, and ( I ) the owner, operator, lessee, sponsor, representatives, residents, patients and attendees of any facility where I and my dog (s) may be, whether or not it is a **BTD** sanctioned training, visit or event, from and against all claim, loss, liability, or injury to person or property, related to or arising out of the acts or omissions, directly or indirectly, of myself and/or my dog (s), directly or indirectly, including attorneys fees and costs, fines or assessments and the cost of any alternative dispute resolution. Please note, insurance coverage, if any, is limited by specific policy exclusions, limitations and conditions. Please consult the **BTD** board prior to engaging in any event with your dog for **BONAFIDE THERAPY DOGS, INC.** Which insurance coverage may or may not apply. This is an annual affiliation and shall apply only to the calendar year shown above.

If a Dog/Puppy becomes aggressive, is not handled correctly by the owner, or is a nuisance to all the other students in the class, or on facility visits they will be removed from the program in its entirety, and at the discretion of **BTD.**

**Any disrespect toward a member, staff, patients, residents, children, or anyone else while working with BTD, will have their membership permanently withdrawn.**

**Please note all payments for training, and insurance are NON-REFUNDABLE upon inception of your first class. This includes, if a dog cannot pass any tests given. We cannot make any guarantees that a dog once entering the program can become a Therapy Dog. This is based on not only the dog’s performance throughout the program, but the handler.**

 **Payments should be made online at: BONAFIDETHERAPYDOGS.COM**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**