2025 Enrollment Application

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

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

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

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

BREED, AGE, SPAYED / NEUTERED, MALE / FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**A copy of your Dogs/Puppys up to date shot record is required, and must be submitted at the same time as this application from your veterinarian.**

**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 existing. 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 the first class, or visit.**

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

**PARENTS SIGNATURE OF MINOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**