## Membership Application for Triple Crown Pawsitivity

- Please fill out a separate application form for each team.
- Each person wishing to certify with a dog must be 18 years of age and and must complete the evaluation.
- If more than one person is certifying with the same dog, each person must certify individually and may not combine hours or evaluations with another person.

1. Tell us about yourself (Please print	clearly):		
Legal Name:	Prefered Name		
Address:			
City:	State:Z	ip:	
Phone:	Phone:		
Email address:			
(Optional in Case of Emergency Nam	ne and Number:		
I confirm that am at least 18 yea	ars of age.		
• • •	ved with another therapy pet organizations and the comments of		-
2. Tell us about your dog:			
Call Name:	Must be1 year or older:		DOB
Breed:	Sex: MF Spayed/Neute	ered: Y	_ N
Weight (lbs): Microchi	ipped? Y N#:		
Color and distinct markings:			
3. Declaration of Behavior:			
Has your dog ever shown signs of agg	gression to other animals or people? _	Y_	N
Are there any behaviors that may inh	ibit your dog's ability to visit?	Y	_ N
(If yes to either question, please desc	cribe the circumstances on suppleme	ental pape	r.
Veterinarian:	Attach Veterinarian report	with appli	cation.

Date: \_\_\_\_\_