



"Spreading happiness one dog at a time."

2292 Hilly Ridge Rd., Brussels, Wisconsin 54204 * 920.495.2434 * TherapyDogsDC@yahoo.com

Therapy Dog Class and Certification Process

Therapy Dog Teams... is this for me and my dog?

Thank you for your interest in Door County Therapy Dog Teams, Inc. (DCTDT)!

To determine if you and your dog are a good fit to be a Therapy Dog Team, ask yourself:

- Is my dog at least one year old and well-trained in basic obedience (such as AKC Canine Good Citizenship)?
- Is my dog calm, gentle, and friendly?
- Does my dog love to engage with people?
- Will my dog obey my commands despite distractions?

Getting started

If you answered yes to the questions above, what is your next step?

Sign up for Class or have Questions?

Contact Julie L. LaLuzerne to sign up for the next Therapy Dog Class:

Call/text: 920.495.2434 or email: TherapyDogsDC@yahoo.com

To make sure our teams are well-prepared to pass the evaluation, we preface the test with class sessions to build and practice the skills you need. This is a six-week course:

Weeks 1-3: Preparation and practice for the handler/dog team evaluation

Week 4: Obedience Evaluation

Week 5: Practice in the field, gauging dog preferences

Week 6: Testing in the field; Final Evaluation

What do you need to take the class?

- Six-foot leash
- Buckle collar (or non-corrective harness)
- Clean up kit for your dog (paper towel and wet wipes, bag for disposal, lint roller, hand sanitizer)
- Class fee
- Vet-completed health verification form (attached)
- Handler/Dog Sign-In form (attached)



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Preparing for DCTDT Handler/Dog Team Evaluation and Certification

This is an overview of what the evaluators will be looking for during the test:

1. The evaluator will greet and examine the dog, looking for evidence that the dog is well-groomed (clean, brushed, nails trimmed) and allows touch without undue stress.
2. The prospective team will walk through a congested area of people, pets, wheelchairs, crutches, and loud noises. Evaluators will look for the dog to trust the handler and walk through without barking, aggression, or fleeing.
3. The prospective team will walk with a loose lead at varying speeds, making turns, stopping, and starting. Evaluators will be looking for a strong handler/dog bond and for the dog to confidently and accurately follow commands.
4. The prospective team will complete a one-minute stay at the end of a lead (the dog may be in a sitting or down position).
5. The prospective team will complete a recall command from 20 feet.
6. The prospective team will successfully navigate a designated area with distractions (toys, food, etc.)
7. The prospective team will simulate a visit on the floor with children of various ages. Children may escalate the volume of their voices or pet the dog more vigorously. Evaluators will look at the dog's reaction and enjoyment of being petted by and talked to by children. Note: some dogs are better suited to different ages and situations.
8. The prospective team will simulate a visit to a medical facility with equipment such as walkers, wheelchairs, canes, and IV poles. Evaluators will look for a strong handler/dog connection demonstrated by the dog confidently and accurately following commands to navigate and interact.
9. The following items must be completed and submitted after testing (within three months):
 - Completed registration form
 - Signed owner/handler agreement
 - DCTDT Membership fee (\$30)
 - Harassment & Discrimination Policy
10. Once approved, you will receive an ID card, Membership Handbook, dog trading cards, and leash sleeve. You will then be ready for visits!



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Door County Therapy Dog Teams, Inc.

Handler/Dog Sign-In form

Please complete and bring it to the first night of class.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Dog's Birth Date: _____ Male _____ Female _____

Have you ever been convicted of a felony? Yes or No

Is your dog a registered Service Dog? Yes or No

Has your dog ever bitten a human? Yes or No

Has your dog ever been involved in a dog fight? Yes or No

Is your dog a rescue? Yes or No

Is there anything we should know about your dog?

Signature of Dog Handler: _____ Date: _____



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Annual Dog Health Form

Please complete and bring it to the first night of class.

Member Name: _____

Phone: _____ Email: _____

Dog's Name: _____ Breed: _____

Veterinarian Name: _____

Veterinarian Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Veterinarian or Vet Clinic Staff Completion of this Section

Date annual wellness exam was completed (within the past 12 months) _____

Date current **negative** fecal exam was completed (within the past 12 months) _____

Date current rabies vaccination was given _____ 1 Year _____ 3 Year _____

Or Date of Rabies titer _____ titer level _____
(must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

The dog listed on this form has been examined in this clinic, and it is believed that this dog is healthy and free of internal and external parasites on the date listed above.

Required Veterinarian Signature/Clinic Stamp

Date Signed
