

BRAVE BUDDY SERVICE PUPS THERAPY DOG PROGRAM

Annual Membership Renewal Application

Brave Buddy Service Pups, Inc. (BBSP)

Complete all fields, check the applicable boxes, and submit current documentation with this application.

Renewal Year: _____

Team Information

Handler Name: _____

Canine Name: _____

Handler Address: _____

City / State / ZIP: _____

Primary Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Canine Information

Breed: _____

Date of Birth / Age: _____

Rabies Vaccination Expiration Date: _____

Bordetella Vaccination Expiration Date: _____

Therapy Dog Certification / Organization: _____

Certification Expiration Date if applicable: _____

Team Status

Check each statement to confirm your continued eligibility for membership.

- ☐ My canine remains physically healthy and capable of safely participating in therapy dog visits.
- ☐ My canine continues to demonstrate an appropriate temperament for public therapy dog work.
- ☐ I am responsible for immediately reporting any significant medical, behavioral, or temperament changes involving my canine.
- ☐ I agree to maintain all required vaccinations, certifications, and program identification.
- ☐ I understand and agree to follow all current BBSP Therapy Dog Program policies and procedures.
- ☐ I agree to maintain control of my canine at all times while participating in BBSP Therapy Dog Program activities.
- ☐ I understand that the leash must remain in the handler's hand at all times while actively participating in the program unless otherwise specifically authorized.
- ☐ I agree to maintain the required BBSP uniform and approved canine vest, bandana, identification, and/or other designated program attire.
- ☐ I understand that costumes, accessories, promotional materials, or other non-approved items may not be used without prior authorization.
- ☐ I agree to conduct myself professionally and respectfully toward visit recipients, facility personnel, fellow volunteers, BBSP representatives, and the public.
- ☐ I understand that participation in the BBSP Therapy Dog Program is a privilege and depends upon continued compliance with program requirements.

Participation Commitment

I understand that active BBSP Therapy Dog Program members are expected to remain engaged with the program and maintain the minimum participation requirements established by BBSP.

I agree to:

- ☐ Complete the required minimum monthly visitation commitment.
- ☐ Properly schedule and document my BBSP Therapy Dog Program visits.
- ☐ Notify program leadership when I am unable to participate for an extended period.
- ☐ Participate in required evaluations, meetings, training, or program updates when requested.
- ☐ Cooperate with periodic or unannounced team evaluations conducted to ensure continued safety and program standards.

Changes Since Last Membership Period

Has your canine experienced any significant medical condition, injury, surgery, behavioral change, bite incident, aggression concern, or other circumstance that could affect participation?

☐ No ☐ Yes

If yes, please explain:

Has any information regarding your ability to participate in the BBSP Therapy Dog Program changed since your previous application?

☐ No ☐ Yes

If yes, please explain:

Documentation Checklist

Submit current copies of all applicable documentation with this renewal application.

- ☐ Current rabies vaccination record
- ☐ Current Bordetella vaccination record
- ☐ Current therapy dog certification, if applicable
- ☐ Updated contact information
- ☐ Additional documentation requested by BBSP

Member Acknowledgment

By signing this renewal application, I certify that the information provided is accurate and complete.

I understand that renewal is not automatic. Continued membership in the BBSP Therapy Dog Program is subject to review and approval by BBSP.

I acknowledge that I am responsible for remaining familiar with and complying with all current BBSP Therapy Dog Program policies, procedures, safety requirements, standards of conduct, and applicable rules at visitation locations.

I further understand that BBSP reserves the right to request additional documentation, require reassessment, temporarily suspend participation, or decline renewal when necessary to protect the safety, professionalism, reputation, and integrity of the BBSP Therapy Dog Program.

Handler Signature: _____

Date: _____

Canine Name: _____

For BBSP Official Use Only

Renewal Application Received: _____

Vaccination Records Verified: ☐ Yes ☐ No

Certification Verified: ☐ Yes ☐ No ☐ N/A

Team Evaluation Required: ☐ No ☐ Yes

Additional Documentation Required: ☐ No ☐ Yes

If yes, specify:

Membership Determination

☐ APPROVED

☐ APPROVED PENDING DOCUMENTATION

☐ APPROVED PENDING EVALUATION

☐ RENEWAL ON HOLD

☐ RENEWAL NOT APPROVED

Membership Period: _____ through _____

Reviewed By: _____

Title: _____

Signature: _____

Date: _____

Thank you for your continued commitment to representing Brave Buddy Service Pups, Inc. with professionalism, compassion, and pride.