



CHRISTCHURCH PROFESSIONAL
DOG WALKERS INC



CPDW Inc Membership Application

JUNIOR
DOG
Handler

INTERMEDIATE
DOG
Handler

SUPPORTING
Member

ADVANCED
DOG
Handler

Christchurch Professional Dog Walkers Inc

Membership Application Form

Christchurch Professional Dog Walkers Incorporated (CPDW Inc) is a not-for-profit professional association supporting safe dog handling, animal welfare, public safety and professional standards within the canine services sector.

Membership is voluntary and is not a licence to operate. Members remain individually responsible for complying with all New Zealand legislation, council bylaws and regulatory requirements.

1. Applicant Details

Full Legal Name: _____

Business Name (if applicable): _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Residential Address: _____

City: _____ Postcode: _____

Website / Social Media (optional): _____

2. Membership Type Requested

(Please tick one)

Supporting Member

(Industry supporters, sponsors, affiliates, veterinarians, trainers, suppliers, or individuals supporting the sector)

Junior Member

(Developing dog handlers gaining experience and education)

Intermediate Member

(Working dog professionals with demonstrated practical experience)

Advanced Member

(Highly experienced professionals demonstrating advanced knowledge and applied competency)

The above membership labels are descriptive levels only.

Final membership category is determined by the Committee in accordance with the CPDW Inc Constitution.

3.References

Please provide at least one professional reference who can comment on your conduct, reliability, and suitability to work with dogs and the public.

(A second reference is recommended for **Intermediate** and **Advanced** membership applications.)

Reference 1

Name: _____

Relationship to Applicant (owner / employer / trainer / vet / colleague): CPDW inc / DOL

Organisation / Business: _____

Phone Number: _____

Email Address: _____

How long have they known you? _____

Reference 2

Name: _____

Relationship to Applicant: _____

Organisation / Business: _____

Phone Number: _____

Email Address: _____

How long have they known you? _____

Reference 3

Name: _____

Relationship to Applicant: _____

Organisation / Business: _____

Phone Number: _____

Email Address: _____

How long have they known you? _____

Reference Consent

- I authorise CPDW Inc to contact the above referees for the purpose of assessing my suitability for membership.

- I understand CPDW Inc may decline or condition membership where references raise welfare, safety, or conduct concerns.

4. Professional Information

Do you currently work with dogs professionally?

Yes No

Type of services provided:

- Dog Walking
- Training
- Behaviour Consulting
- Daycare
- Boarding
- Pet Sitting
- Grooming
- Other: _____

Years of experience working with dogs: _____

Relevant education, courses, or certifications (if any): _____

Do you hold Public Liability Insurance?

Yes No Not Applicable

5. Practical Handling & Safety Assessment

(Please answer honestly. These questions are not a pass/fail test. They help CPDW Inc understand your current handling practices and determine appropriate membership level and guidance.)

Dog Assessment

1. How do you assess whether a new dog is suitable for group

2.What behaviours would make you decline or delay a dog joining a group?

3.How do you introduce a new dog to other dogs safely?

Control & Recall

4.What does “effective control” of a dog mean to you in a public space?

5.What do you do if a dog ignores your recall cue?

6. When would you put a dog back on lead during a walk?

Public Safety

7. What would you do if an off-lead dog approached “you” with a leashed dog during an intake assessment?

8. How do you manage interactions with members of the public (children, runners, cyclists)?

9. What would you do if a dog in your care knocked someone over?

Emergency Situations

10. What is your immediate response if two dogs begin fighting?

11. What would you do if a dog escaped during a walk?

12. What would you do if a dog suffered a medical emergency (collapse, heatstroke, injury)?

Transport & Welfare

13. How are dogs transported in your vehicle?

- Crated
- Harness/seatbelt restraint
- Barrier separated
- Other: _____

14. How do you prevent dogs overheating during transport?

Emergency Situations

15. What do you do if a dog urinates, defecates, or vomits in the vehicle?

16. What equipment do you carry on every walk?

Legal Awareness

17. Are you familiar with your local council dog bylaws?

Yes No

18. What incidents must be documented or reported?

Professional Responsibility

19. When would you remove a dog permanently from your group

20. How do you ensure dogs under your care are not a nuisance or danger to the public?

Behaviour & Handling Knowledge

21.What does ABC mean in dog behaviour?

22.What do the 3Ds (Distance, Duration, Distraction)

23.What would you do if a dog in your group became reactive toward another dog or person in a public area?

24. What signs indicate a dog is becoming stressed or over-aroused during a group walk?

25. How do you ensure effective recall reliability before allowing off-lead exercise?

26. What would you do if a member of the public complained about your dogs?

6. Police Vetting & Background Check Consent

Because CPDW Inc members work with animals, enter private property, and interact with members of the public, the Society requires a suitability assessment for public and animal safety.

- I understand that CPDW Inc may request a New Zealand Police Vetting Check as part of the membership approval process.
- I consent to CPDW Inc requesting Police Vetting through the New Zealand Police Vetting Service for the purpose of assessing suitability for membership.
- I understand this check is conducted only with my written consent and is used solely to assess safety, welfare, and public trust considerations.
- I understand refusal to provide consent may result in my application not being approved.

CPDW Inc will handle all personal information in accordance with the Privacy Act 2020.

Initial here: _____

Providing false or misleading information may result in refusal, suspension, or termination of membership.

CPDW Inc reserves the right to decline or revoke membership where an applicant is considered to present a risk to animal welfare, public safety, or the reputation of the Society.

7. Handling Competency Declaration

I understand that CPDW Inc membership recognises demonstrated professional handling practices and safe management of dogs in public environments.

I declare that:

- I will not knowingly handle dogs I cannot safely control.
- I will remove a dog from a group setting if behaviour presents a risk to public safety or welfare.
- I will not allow dogs to approach members of the public without consent.
- I will maintain reliable control, supervision, and recall of dogs under my care.
- I will transport dogs in a manner that prioritises safety and welfare.
- I will carry appropriate leads, identification, and emergency contact information while operating.
- I will document and report incidents including bites, escapes, injuries, or dangerous behaviour.
- I understand CPDW Inc may review or remove my membership if my handling practices present a welfare or safety risk.

Initial here: _____

I understand CPDW Inc membership may be suspended or revoked where my conduct compromises public safety, animal welfare, or the reputation of the Society.

8.Suitability & Conduct Declaration

I declare and confirm that:

- I have not been convicted of animal cruelty, neglect, or ill-treatment of an animal under the Animal Welfare Act 1999 (or equivalent overseas legislation).**
- I have not been disqualified from owning or working with animals by any Court, Council, SPCA, or enforcement authority.**
- I have not had a dog seized, classified, or destroyed due to my handling or management.**
- I am not currently under investigation relating to animal welfare offences.**
- I have not been convicted of a serious violent offence that would make working with animals or the public inappropriate.**
- I agree to notify CPDW Inc if any of the above circumstances change after membership approval.**

Consent

- I understand CPDW Inc may request further information or references where necessary to assess suitability for membership.**
- I consent to CPDW Inc contacting a professional or veterinary reference if provided.**
- I authorise CPDW Inc to remove my membership and listing if I breach the Code of Conduct, Code of Ethics, or Animal Welfare legislation.**

Initial here: _____

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CPDW Inc reserves the right to decline or revoke membership where an applicant is considered to present a risk to animal welfare, public safety, or the reputation of the Society.

9. Declaration & Agreement

I acknowledge and agree that:

- I have **read and understand** the CPDW Inc Constitution.
 - I have **read and agree to abide by the CPDW Inc Code of Conduct and Code of Ethics.**
 - I understand CPDW Inc membership is not a licence, permit, certification, or regulatory approval and does not replace compliance with council bylaws or New Zealand legislation.
 - I will conduct myself in a professional manner that reflects positively on the canine sector and the public.
 - I remain **personally responsible** for complying with all applicable New Zealand laws and local authority requirements.
 - I will maintain **appropriate welfare standards** and safe handling of dogs under my care.
 - I understand that failure to comply **may** result in review, suspension, or termination of membership under the Society rules.
- CPDW Inc does not assess, certify, licence, or authorise any person to operate under council bylaws. Membership recognises peer-reviewed professional standards only.

Incident Responsibility I understand that while operating in a professional capacity I am responsible for the dogs under my care and for public safety.

I agree to appropriately document and report serious incidents including dog bites, injury, escaped dogs, or dangerous behaviour to relevant parties where required.

I confirm that the information provided in this application is true and correct to the best of my knowledge.

9. Applicant

Applicant Full Name: _____

Signature: _____ Date: ___ / ___ / ____

10. Office Use Only (CPDW Inc)

Membership Level Approved: _____

Committee Member Name: _____

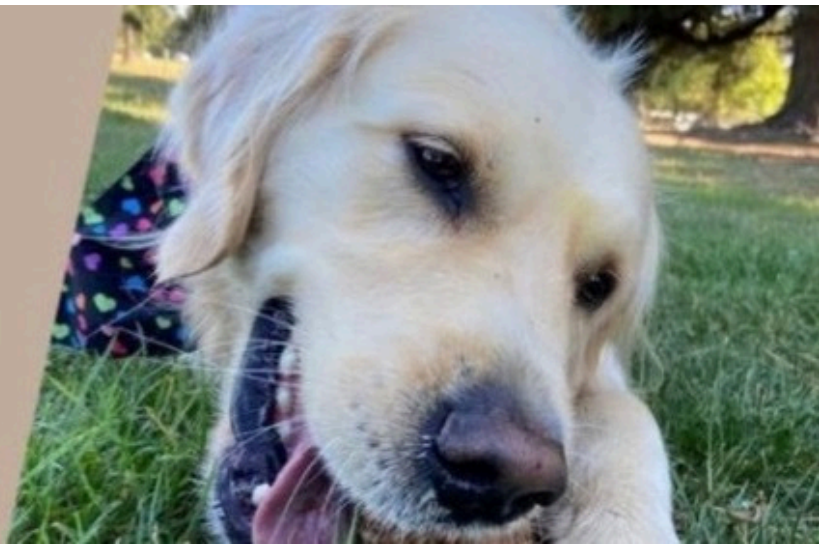
Signature: _____

Date Approved: ___ / ___ / ____

Membership ID Number: _____

Providing false or misleading information may result in refusal, suspension, or termination of membership.

CPDW Inc reserves the right to decline or revoke membership where an applicant is considered to present a risk to animal welfare, public safety, or the reputation of the Society.



[Insurance Eligibility & Declaration](#)

[Professional Liability Insurance \(CPDW Inc Group Policy\)](#)

Eligibility for insurance under the CPDW Inc group policy is subject to approval by the insurer and compliance with all policy terms, conditions, and underwriting requirements.

Please note:

- Coverage is contingent on operation within competency-based handling limits as recognised by CPDW Inc
- Insurance is not automatically granted upon membership approval
- All applications are assessed individually by the insurer
- Coverage (if approved) will only apply within the scope of:
- Activities performed outside of the member's approved competency level or declared services may not be covered
 - The member's approved competency level
 - Declared services and activities
 - CPDW Inc standards, Constitution, code of ethics and code of conduct.

CPDW Inc acts as a facilitating body only and does not guarantee acceptance, continuation, or extent of cover.

[Membership Eligibility for Insurance](#)

The following membership tiers are **eligible to apply** for group insurance (subject to insurer approval):

- ***Intermediate Members***
- ***Advanced Members***

The following membership tiers are **not eligible** for insurance under the CPDW Inc group policy:

- ***Junior Members (supervised level)***
- ***Supporting Members (non-operational / non-practicing)***

1. Member Details

Full Name:

Trading Name (if applicable):

Date of Birth:

Address:

Phone Number:

Email:

2. Business Activity Declaration

Please describe your dog walking / pet services:

- Dog Walking (solo)
- Group Walking (number of dogs: ___)
- Dog Transport (canine taxi)
- Pet Sitting
- Other:

3. Experience & Competency

Years of experience:

Relevant training / certifications:

Do you follow structured dog handling practices? Yes No

4. Claims History

Have you made any insurance claims in the past 5 years?

- No Yes (If yes, provide details)

5. Criminal Convictions

Do you have any criminal convictions (excluding minor traffic offences)?

- No Yes (If yes, provide details)

6. Risk & Safety Declaration

I confirm that I:

- Handle dogs responsibly
- Assess dog temperament
- Maintain control in public
- Follow council bylaws
- Prioritise public safety

Yes

7. Insurance Eligibility & Declaration

I understand that this application forms part of a request for inclusion under the CPDW Inc group insurance policy.

I acknowledge and agree that:

- Insurance is subject to approval by the insurer and is not guaranteed by CPDW Inc
- All cover is provided strictly in accordance with the insurer's policy wording, terms, conditions, exclusions, and endorsements
- I have a duty to provide complete, accurate, and truthful information, and failure to do so may result in declined cover, cancelled policies, or refused claims
- I must notify CPDW Inc and/or the insurer of any material changes to my business activities, services, or risk profile
- I will only operate within my approved competency level and declared scope of services
- Activities outside of my approved competency level or declared services may not be covered under the policy
- I understand that breach of CPDW Inc standards, policies, or code of conduct may impact insurance eligibility or claims
- I acknowledge that CPDW Inc acts as a facilitating body only and is not the insurer, broker, or underwriter

I agree

Duty of Disclosure

You are required to take reasonable care not to make a misrepresentation when applying for insurance.

This includes providing information that is true, accurate, and complete. Failure to do so may result in the insurer declining cover, cancelling the policy, or refusing any claims.

Applicant Declaration

By selecting "Yes" below, you acknowledge and agree that:

- Insurance is subject to insurer approval
- You will operate within your approved competency level and scope of practice
- You will comply with all CPDW Inc policies, CPD requirements, and recertification standards
- Failure to comply or disclose relevant information may result in denial of cover, cancellation of policy, or refusal of claims
- CPDW Inc acts as a facilitating body only and is not the insurer, broker, or underwriter, and does not guarantee acceptance, continuation, or extent of cover

I confirm that all information provided is true, complete, and accurate

Signature

This declaration forms part of my application for insurance under the CPDW Inc group policy.

I confirm that I have read, understood, and agree to all declarations outlined in this application and that this information is true and correct.

Full Name: _____

Signature: _____

Date: ___ / ___ / ____