



# Warm Hearts Network

## Therapy Dog Organization

Registration		
<b>Contact Information</b>		
Handler's Name:	Date:	
Street Address:		
City:	State:	Zip:
Phone:	E-Mail Address:	
Dog's Name:		Dog's Age:
Breed:	Sex:	
<b>Pre-Testing Information</b>		
Initial Testing:	<input type="checkbox"/> None (Skip to item 2)	<input type="checkbox"/> Yes (Complete 1)
1. Screening Evaluator		
2. Facility Currently Visiting		
3. Veterinarian Form	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<b>Testing</b>		
Testing Date:		
Test Evaluator(s)		
<b>Badge Order &amp; Fees</b>		
Photo ID for Handler \$20	Total Fees: \$60	
Testing Fee \$20		
2 Year Membership \$20		

