



**Paws For Healing, Inc., 1370 Trancas, PMB #127
Napa, CA 94558 (707) 258-3486**

There will be two (2) training dates on consecutive Saturdays. Classes are held at 1360 Menlo Avenue in Napa. The first Saturday class from 9:00 AM to 1:00 PM and is when you will bring your dog for evaluation; the second Saturday class will be from 9:00 AM to 3:00 PM. DO NOT bring your dog to the second class.

CLASS SIZE IS LIMITED! If you wish to attend, the attached forms must be completed in their entirety. You may use PayPal to pay for registration. To register for the above training your application is due at least THREE WEEKS prior to the training. A confirmation will be sent to you within three weeks after receipt with directions and what to bring to the two classes. Paws for Healing reserves the right to refuse participation after a complete review by our Application Committee. In order to be able to receive Email responses for information and/or class training acknowledgements, please add a contact name to your email address book "Paws for Healing" with the email address: info@pawsforhealing.org Also check your emails spam or junk folder for email from info@pawsforhealing.org.

Paws for Healing, Inc. – Canine Certification Requirements

The following standards will be applied during the certification process:

1. All dogs must have resided in the applicant's household for a minimum of 6 months prior to evaluation.
2. Dogs must be a minimum of one year old.
3. In order for a canine team to pass the Paws for Healing evaluation, the dog must pass each of the seven (7) evaluation categories. The categories are:
 - (1) friendly stranger, (2) food on the floor, (3) negotiating a tight space, (4) skin and tail grab, (5) medical equipment encounter, (6) loud noise, (7) odd stranger.
4. Any dog that eliminates/voids or shows aggression (growl, snap, bite, attack or attempts to bite or attack any person or dog) during the evaluation may not qualify for the program.
5. Any handler who displays inhumane conduct or who is observed to kick, strike or otherwise roughly manhandle a canine at any time during the evaluation may be dismissed.
6. Any individual deemed by the evaluator(s) to be unable to satisfactorily maintain control of their dog may not qualify for the program.

Should a canine fail the temperament evaluation he or she can be re-evaluated after appropriate training at our next training/re-evaluation date, or within the next 6 months. Handlers may be excused from the second consecutive Saturday until the dog has successfully completed a re-evaluation at which time they will attend our second Saturday session. Should a canine fail to meet the requirements for a second time, the canine may not be considered for our program and all funds will be refunded.

All dogs should wear well-fitting collars of either leather or fabric. Choke chains, prong collars and gentle leaders are NOT permitted during the evaluation or on therapy visits. The leash must be either leather or fabric. No chain leashes and absolutely NO retractable leashes are allowed. Dogs to be evaluated must be brushed, clean, and free of odor and fleas. Any post-surgical dog must have a veterinarian's approval to attend.

Certified dogs will be required to wear a Paws for Healing uniform when performing Canine-Assisted Therapy visits. Cost of the uniform is \$30.00. Most facilities require our volunteers to wear some form of organization ID, a Paws for Healing shirt as a minimum. We have available T-shirts, polo shirts, vests, hats and denim shirts for both men and women for a cost of \$15.00 – \$30.00. AMEX, VISA and MasterCard are accepted.



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THE CANINE/HANDLER EVALUATION FOR PAWS FOR HEALING, INC

Grooming and Cleanliness:

During this process, our trainer and assistants will examine your dog's eyes, ears, teeth, breath, coat, skin, paws, pads, and nails.

WHY: Therapy dogs should be clean and well-groomed. This demonstrates the owner's sense of responsibility for the dog's appearance.

All-Over Body Handling:

During the check for grooming, your dog will be touched all over – head, ears, body, feet, tail, etc.

WHY: Therapy dogs work in situations where they may be touched all over by strangers. Tolerance to touch is a basic prerequisite for being a certified therapy dog.

Good Canine Manners /Basic Handling Skills:

During the evaluation, you will be asked to demonstrate basic handling skills with your dog on leash. As the handler, you will be evaluated for your ability to be mindful of your dog's presence and behavior at all times. Use of your voice, treats, and the leash (on a flat collar, only), are all acceptable methods of providing control.

WHY: Good manners are required of a certified therapy dog. Your effective handling skills will help influence the dog's behavior. Reinforcing the dog's good behavior, using positive interventions, and encouraging positive interactions with our "patients" are all part of a handler's responsibilities.

Distractions in the environment:

These may include food on the floor (which, during the evaluation, will be considered "poison"). The handler should be able to redirect the dog's attention by using a "Leave it!" command or something similar. Loud noises, and/or the sudden opening of an umbrella will be incorporated in the evaluation process. Persons with a shuffling gait, exaggerated motions, a loud or emotional voice, may simulate an "odd" or infirmed stranger or the actions of children.

WHY: These parts of the evaluation are used to screen the handler's awareness of the environment while handling his/her dog. Food or medicine on the floor may occur in a health care environment or kids often have snacks or lunches with them in school settings. Loud noises or the opening of the umbrella may surprise or startle a dog but should not be so startling that they panic, run or show aggressiveness. Children can also act unpredictably and scream or shout. We look for a quick "recovery" from such surprises and how you help your dog recover from such events. The exposure to these situations helps us evaluate your dog's confidence as well as your ability to make your dog feel secure in an unfamiliar environment.

Confined Spaces:

Typically we will set up a hospital bed setting in a small area, where the handler will have to carefully maneuver the dog, sit down and visit with our "patient."

WHY: Your handling skills are important here, as well as your ability to communicate the purpose of your visit with our “patient.” Remember to introduce yourself by name and as being from Paws for Healing, explain the nature of your “visit,” and bring your dog into the room at the patient’s bedside. During this visit do not place dog on the bed. In an actual health care environment, a patient may be recovering from surgery, have wounds and/or be using medical equipment such as IV’s and monitors. We do encourage you to sit with your dog at your side, or in your lap, while talking with the bedridden “patient.”

If your dog is a licker or kisser, please know how to control this behavior as some facilities and some patients do not want to be licked or kissed.

Exposure to Medical Equipment:

The evaluation will include the use of wheelchairs, walkers, canes or crutches.

WHY: Medical equipment is often encountered in the environments where therapy dogs work. The equipment must not be so distracting or disturbing to the dog that he refuses to engage with the “patient.” The dog must not show any aggressiveness or be overly fearful when around such equipment.

PLEASE REMEMBER: You and your dog are a team! When certified, you will be working together to benefit the lives of *real* patients, students, and others in hospitals, schools, libraries and institutions. If you and/or your dog do not pass this evaluation the first time, you will have an opportunity to join obedience classes, or work one-on-one with a trainer to improve your chances of passing in the future.

If you have any questions about any of the situations described above, please contact Nanci Caron at 707-253-0313

Thank you from the Evaluation Team at Paws for Healing!

Nanci Caron
Assistant Canine Evaluator



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REGISTRATION AND HUMAN PROFILE

The following items need to be completed and submitted for registration:

- Check for Enrollment Fee of \$75.00 or payment through PayPal
 (There is an additional charge of \$25.00 for each additional dog and/or handler)
- Completed Registration and Human Profile
- Completed Canine Profile (Ensure License Data is included)
- Completed Canine Medical History completed and signed by the canine's veterinarian.
- Signed Media Authorization and Liability Release
- Copy of dog's most recent rabies certificate and vaccination record.

Name _____ Mailing Address _____
 City/Zip _____ Home Phone _____
 Work Phone _____ Cell Phone: _____
 E-Mail _____

Should you have a family member or friend wishing to attend with you and your canine, please complete another application for that person. All handlers must be a minimum of 16 years of age. If you wish to have another canine evaluated, please fill out another Canine Profile, have your veterinarian fill out and sign a Canine Medical History, and submit a copy of a rabies certificate and vaccination record for that dog.

Please list a brief history of any prior volunteer involvement and Animal Therapy Organizations.

Do you have any special skills or experience that might be helpful to the organization?

Program assignment preferences (Circle)

- * Children-at-Risk * Hospitals * Convalescent Homes/Assisted Living * Veterans Programs
- * Mental Health Venues * Educational Programs *Paws for Reading Program (Children)

Have you ever been convicted of a felony? Yes No

48-Hour Cancellation Policy: Should you need to cancel and do not plan to attend the next training, please notify us 48 hours (before 8 am on Thursday before evaluation) so we may refund your tuition. Completed forms may be mailed to our Trancas address.

I certify that my answers are true and complete to the best of my knowledge.
 I understand that false or misleading information in my application may result in my not being accepted as a volunteer. Please note that after having checked with both our attorney and insurance company, we find that regrettably, Paws for Healing cannot provide services involving a volunteer with a felony conviction. That includes all activities, such as trainings or special events, as well.

Signature _____ Date _____



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CANINE PROFILE

Dog's Name _____ Breed _____ Birthdate _____

Weight _____ M / F (Circle) Altered (Circle) YES/NO

Dog License: Number _____ County _____

Owner's Name _____ Telephone _____

Address _____ City/Zip _____

Where did you get your dog? (Circle) Breeder Pet Store Shelter/Rescue

Other (Explain) _____

How long have you owned your dog? _____

Level of Obedience Training (Circle) Beginner Intermediate Advanced Utility

Canine Good Citizen Certificate Yes No

For additional information regarding the CGC go to <http://www.akc.org/pdfs/cgc/GK9GC1.pdf>

Other (Explain) _____

Is your dog housebroken? Yes/No

Does your dog get along with people? Yes/No

Does your dog get along with other dogs? Yes/No

Is your dog shy/nervous in crowds? Yes/No

Is your dog comfortable when approached by strangers? Yes/No

Does your dog get carsick? Yes/No

Is your dog on heartworm preventative? Yes/No

Is your dog flea free? Yes/No

List or describe any tricks or behaviors unique to your dog:



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MEDIA AUTHORIZATION AND RELEASE

Name: (Please print) _____

Address: _____

City/Zip: _____ **Phone:** _____

Subject to the terms and conditions set forth herein this Agreement,

I _____ do hereby irrevocably authorize Paws for Healing, Inc., its successors and assigns and those acting under its permission on its authority, to copyright use, and publish, for art, sales materials, advertising promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and / or my dog (s), or in which I / we may be included in whole or in part, or composite or distorted in character, or form, in conjunction with my / our own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to Paws for Healing, Inc., without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his / her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief. The undersigned further warrants that he/she is of full age and has every right to contract in his/her own name in the above regard and further that he/she has read the above authorization and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

Dated: _____

Signature: _____



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RELEASE FROM LIABILITY

I indemnify and hold **Paws for Healing, Inc.** harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines and attorneys' fees arising out of the acts or omissions of Paws for Healing, Inc. Canine Therapy Dog Training, workshops, seminars, meetings, or any gatherings sponsored by or conducted by Paws for Healing, Inc., including but not limited to interactions with instructors, attendees, or animals, demonstrations involving my canine, or transportation of my canine to or from the training site or within the training site.

Signature _____ Date _____

Print Name _____



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Canine Medical History

This form is to be filled out and signed by a Vet, not the Paws for Healing applicant

Owner's Name: _____ Telephone: _____ e-mail _____

Address: _____ City/Zip: _____

Dog's Name: _____ Breed: _____

Canine's Birth Date: _____ Weight: _____ M / F Altered: YES / NO

Vaccination Record *Please attach a copy of the vaccination records.*

Rabies Date _____ 36 Month Vaccine YES / NO

DHPP Date _____ 36 Month Vaccine YES / NO

Bordatella at veterinarian's discretion Date _____

Corona Virus at veterinarian's discretion Date _____

Date of Last Veterinary Exam _____

Date of last Fecal Float or deworming _____ or verification of continuous flea and heartworm protection.

Pet is on preventative program (circle) Heartguard Plus Interceptor Program Sentinel Other

Has this dog ever been diagnosed with: (Please circle)

Camphylobacteriosis	YES	NO
Yersoniosis	YES	NO
Salmonellosis	YES	NO
Canine brucellosis	YES	NO
Cutaneous dermatophytes	YES	NO

Has this dog ever been diagnosed with staphylococcus that was resistant to antibiotics? YES NO

Is this dog at risk for Leptosporosis? YES NO

If this dog is at risk, date of latest vaccination. Date _____

Does this dog actively herd sheep or cattle or have access to cattle pastures? YES NO

Has this dog ever been diagnosed as having a nematode infestation, which could cause: larva migrans in humans? YES NO

If yes, was successful treatment implemented? YES NO

Does this dog have routine problems with fleas and ticks? YES NO

To your knowledge has this dog ever bitten anyone? YES NO

Describe general state of health and temperament, noting any concerns not covered above. _____

Veterinarian (Print) _____ Signarure _____ Date _____

Address _____ City/Zip _____ Telephone _____

County Dog License information must be submitted prior to class. Failure to do so will result in non-participation.