



Canine Assisted Therapy

TEAM PROFILE

Complete and send with the required items (in red) as attachments to lendapaw@nol.org

SECTION I TEST DATE (mark one)

2018 SCHEDULE	<input type="checkbox"/> JAN 20	<input type="checkbox"/> MARCH 24	<input type="checkbox"/> MAY 19
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SECTION II (mark all that apply)

<input type="checkbox"/> CGC Certificate		<input type="checkbox"/> Canine	
<input type="checkbox"/> Annual Certification	(members)	<input type="checkbox"/> Canine	<input type="checkbox"/> Handler
<input type="checkbox"/> Evaluation		<input type="checkbox"/> Canine	<input type="checkbox"/> Handler
<input type="checkbox"/> ID Replacement	(members)	<input type="checkbox"/> Canine	<input type="checkbox"/> Handler

SECTION III (* will not appear on ID Card)

HANDLER	ATTACH jpg headshot of Handler		<input type="checkbox"/> Use previous photo
First & Last name:			
Mailing address:*			
Phone:*			
Email:*			
LAP ID Card #:			
Expiration date:			
Handler level:		Trainer level:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	T-shirt size:*	<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

SECTION IV (* will not appear on ID Card)

CANINE	ATTACH jpg headshot of Canine		<input type="checkbox"/> Use previous photo
Name:			
LAP ID Card #:			
Expiration date:			
Breed:	* <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> ALTERED	AGE:
Level completed:			
Girth size: *		Circumference of the widest part of the chest just behind the front legs	
Vaccinations:*	ATTACH Rabies, Bordetella, DHLPP		<input type="checkbox"/> Not available

COMMENTS

FOR INTERNAL USE	<input type="checkbox"/> PASS	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DNP	<input type="checkbox"/> RE-TEST
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