



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 |
|---------------|---------------------------------|-----------------------------------|---------------------------------|

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

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