



Mid South Therapy Dogs & Friends

Delta Society Team Evaluation

THERAPY TEAM EVALUATION WITH SKILLS & APTITUDE ASSESSMENT

Evaluations will take place on **September 26, 2010, December 5, 2010 and March 20, 2011** with approximately one therapy team evaluation every 30 minutes. ***You must bring the following items to the evaluation and have all paperwork completed. If you do not, you will not be evaluated that day.***

There are no exceptions to this requirement so please read carefully and come prepared.

- Completed Handler's Questionnaire for the Evaluator's review (from your training manual)
- Animal's current rabies vaccination certificate (rabies tags alone are not sufficient)
- Towel or blanket if animal is carried (e.g. cat or small dog under 16 lbs)
- Acceptable collar or harness (e.g., flat buckle or Gentle Leader. **NO** slip or choke collars.)
- Acceptable leash (e.g., 4 ft. or 6 ft. nylon or leather lead. **NO** leashes under 4 feet in length.)
- Animal's soft brush appropriate for visiting. (**NO** metal)
- Signed Volunteer Agreement from Appendix E in your training manual.

The evaluation is like a simulated visit. Both the animal and the handler should be groomed and/or dressed appropriately as if they were going on a volunteer visit. (No jeans or open-toed shoes allowed.)

One of the exercises will have the evaluator offer your animal a treat. If your animal has special food requirements you will need to bring an appropriate treat.

If a team is scored "Not Ready" on evaluation day, that team can retest as early as the next day. A retest must be done within 90 days of completing the training course. The retest within 90 days does not require that the training course be repeated. If a retest is done after 90 days, the training course must be re-taken before another evaluation. If there is more than one handler evaluating with the same animal, there must be at least 40 minutes between evaluations with that animal.

EVALUATION SCHEDULE

EVENT	DATES	TIME	LOCATION
Therapy Team Evaluation	September 26, 2010 Deadline: September 17, 2010 December 5, 2010 Deadline: November 26, 2010 March 20, 2011 Deadline: March 14, 2011	Evaluation times are assigned after the payment & forms are received	Dogs Rule

Address: Dog's Rule 2265 Central Avenue Memphis, TN 38104

Fee: \$30

Payment with registration and indemnity form must be received before the listed deadline dates.

Make checks payable to **Mid South Therapy Dogs.**

Cancellation policy: No refunds will be provided for cancellations regardless of the reason.

KEEP THIS PAGE FOR REFERENCE



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-THERAPY TEAM "EVALUATION ONLY" REGISTRATION FORM -

Do you feed a Raw Protein Diet? Yes No

Please mark the date you are registering for:

Sunday, September 26, 2010 Sunday, December 5, 2010 Sunday, March 20, 2011

Check One: New Team Renewal Equipment Change

Owner's Name:	Animal's Name:
Address: City, State, Zip	Breed:
E-Mail:	Species/Gender:
Phone:	Animal's Age:

INDEMNITY FORM -

Signature Please! I understand that I am responsible for any damage my animal causes during the course or evaluation. I indemnify and hold, Delta Society, Evaluator(s), Instructor (s), assistants, facility owner(s) and sponsoring organizations (Mid South Therapy Dogs & Friends) 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 Pet Partners courses and evaluations including, but not limited to interactions with evaluators, instructors, attendees, or animals, screening or demonstrations involving my animal, or transportation of my animal to or from the training/evaluation site or within the training/evaluation site.

Signature: _____

Date: ____/____/____ (mm/dd/yy)

Send completed Registration and Indemnity form with payment to:

Mid South Therapy Dogs
Attn: Mary Ehrhart
2095 Exeter Road
Suite 80-105
Germantown, TN 38138-3919

You may also visit the Delta Society Website at <http://www.deltasociety.org/Page.aspx?pid=264>.
The website provides detailed information on what will be required of a Pet Partner team during the evaluation process.

MAIL THIS PAGE WITH YOUR PAYMENT

Office use only: Check # _____ Date: _____ Amount: _____