

# Mid South Therapy Dogs & Friends

## THERAPY TEAM EVALUATION WITH SKILLS & APTITUDE ASSESSMENT

Evaluations will take place on **June 3, 2012 and September 23, 2012** with approximately one therapy team evaluation every 35 minutes. **You must bring the following items to the evaluation. 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.**

- 1) Completed Handler's Questionnaire for the Evaluator's review
- 2) Animal's current rabies vaccination certificate (rabies tags alone are not sufficient)
- 3) Towel or blanket if animal is carried (e.g. cat or small dog under 16 lbs)
- 4) Acceptable collar or harness
- 5) Acceptable leash (e.g., 4 ft. or 6 ft. nylon or leather lead. **NO** leashes under 4 feet in length)
- 6) Animal's brush that is appropriate for visiting (No Metal)
- 7) \*\*\* Treat ( see below) Remember No treat on person during testing. If you are a renewal, please no vest on the animal during the evaluation testing
- 8) Signed Volunteer Agreement

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

\*\*\* One of the exercises will have the evaluator offer your animal a treat. If you choose to participate in this exercise, 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 does not require that the training course be repeated. 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	June 3, 2012 <b>Deadline:</b> May 28, 2012		TBD
Therapy Team Evaluation	September 23, 2012 <b>Deadline:</b> September 17, 2012		TBD

\*\*\***Evaluation times are assigned after the payment & registration are received.**

**Evaluation Location:** To Be Determined (TBD)

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

One Evaluation is included if you were in the Team Training Workshop.

FEE: \$30

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

**Cancellation policy:** No refunds will be provided. No Exceptions

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## THERAPY TEAM EVALUATION WITH SKILLS & APTITUDE ASSESSMENT

### - THERAPY TEAM "EVALUATION ONLY" REGISTRATION FORM -

Is any animal in your household fed a raw protein diet?  yes  no

Please mark the date you are registering for:

Sunday, June 3, 2012  Sunday September 23, 2012

\*\*\*\*\*

#### Please check where applicable:

MSTD Renewal  First Evaluation/Date of Handler Training Workshop: \_\_\_\_\_

Additional Animal  Other, please state: \_\_\_\_\_

Evaluation Fee is included in the Team Training Workshop. Form must be submitted to reserve an evaluation time.

\*\*\*\*\*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Animal's Name/Breed/Sex/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 (\$30) to:

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

MAIL THIS PAGE WITH YOUR PAYMENT

Office use only: Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_