



THERAPY DOG TITLE APPLICATION



Mail to: **Therapy Dog Program**
PO Box 900064
Raleigh, NC, 27675-9064

Phone: **(919) 816-3527**
Fax: **(919) 816-3905**
Email: **akctherapydog@akc.org**

To earn any of the AKC Therapy Dog titles, you and your dog **MUST MEET** the following criteria:

- Certified/registered by an AKC recognized therapy dog organization
- Perform a minimum number of visits. The number of required visits is specific for each title.
- The dog **MUST** have either an AKC number, PAL number or **AKC Canine Partners number**.

Please use this application to apply for an AKC Therapy Dog title. The recording fee is \$25

OR Additionally, due to the fact AKC approved therapy dog organizations test Canine Good Citizen (CGC) items in the context of their therapy dog testing, **you may also apply for a CGC Title at the same time.**
The recording fee is \$35 this includes both titles.

1. Please check the THERAPY DOG title you are applying for.

2. If you are also applying for the CANINE GOOD CITIZEN title please check the last box.

1 application is required for each therapy dog title. If your application is not approved you will be notified and your fee will be refunded.

☐ **Therapy Dog Novice Title (THDN).** A minimum of **10 visits** is required
The THDN title will appear on the dog's title record. You will receive a title certificate.

☐ **Therapy Dog Title (THD).** A minimum of **50 visits** is required.
The THD title will appear on the dog's record. You will receive a title certificate and AKC Therapy Dog patch.

☐ **Therapy Dog Advanced Title (THDA).** A minimum of **100 visits** is required.
The THDA title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Advanced (THDA) patch.

☐ **Therapy Dog Excellent Title (THDX).** A minimum of **200 visits** is required.
The THDX title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Excellent (THDX) patch. In addition, you will receive the Silver AKC Therapy Dog medal.

☐ **Therapy Dog Distinguished Title (THDD).** A minimum of **400 visits** is required.
The THDD title will appear on the dog's record. You will receive a title certificate and a Distinguished Therapy Dog patch. In addition, you will receive the Gold AKC Therapy Dog medal.

☐ ***Canine Good Citizen Title (CGC).** I would like to add a CGC title to my dog's record at the same time I am applying for this therapy dog title. My dog has completed testing through an AKC recognized therapy dog organization. (\$35 in total for both titles).



The purpose of the AKC Therapy Dog titling program is to acknowledge therapy dogs that volunteer with their human teammates to improve the lives of people in therapeutic settings. The program is open to all dogs (purebred or mixed breed).

Section1: OWNER INFORMATION

Name _____

Address/Street _____

City/State/Zip _____

Phone _____ Email _____

Section 2: DOG INFORMATION

If you don't have a number for your dog or have questions about how to obtain one, please call 919-816-3527 or visit: www.akc.org.

A NUMBER FOR YOUR DOG MUST BE PROVIDED IN ORDER FOR THIS APPLICATION TO BE COMPLETE.

My Dog's Number: _____

Please circle one. The number provided is an:

☐ **AKC Registration Number**

☐ **AKC PAL Number**

☐ ***AKC Canine Partners Number**

* Any dog can apply for a Canine Partners Number. To download a [Canine Partners Application](#), visit www.akc.org – click on “Owners” then “AKC Therapy Dog Program” then scroll down.

If you apply for a Canine Partners Number, you **MUST** submit **BOTH** applications (Therapy Dog Title Application & Canine Partners Application) **together** so they are processed correctly.

Dog's Official Name: _____
(Show full registered/listed name)

Dog's call name: _____
(This is the name you call the dog)

Is your dog a mixed breed or purebred? ☐ Mixed breed ☐ Purebred

If purebred, what breed is your dog? _____

AKC titles earned by your dog? List here: _____

Section 3: VERIFICATION

Please attach the following to this application:

Make sure you have met the requirements below.

- ___ 1. Provide verification of being certified/registered by an AKC recognized therapy dog organization. This can be done with a copy of a wallet card or certificate from the certification organization. A list of certification organizations can be found at: www.akc.org/akctherapydog
- ___ 2. Provide verification of the required number of visits. This can be done by using a:
- a) Therapy Dog Record of Visits Form (see www.akc.org/akctherapydog) or,
 - b) Certificate or wallet card from certifying organization indicating the dog has made the number of visits (or more) required for the title.
(For those certifying therapy dog organizations that provide wallet cards or other verification of a specified number of visits, a copy of this will be acceptable to AKC), or,
 - c) Letter from the facility (nursing home, school, hospital, etc.) where the dog served as a therapy dog. Letters must be on facility letterhead. Contact information for verification purposes:

Facility Name _____

Facility Address (city, state, zip) _____

Contact's name at the facility _____

Contact's phone number _____

Contact's email _____

If you visited more than one facility for your visits, attach the information for each facility.

Section 4: EXPERIENCE

1. Briefly describe the therapy setting(s) (nursing home, school, hospital, etc.) in which you and your dog have volunteered.

Section 4: EXPERIENCE-continued

2. When was your dog originally certified as a therapy dog? _____

3. How long did you volunteer? _____

Are you still volunteering or retired? ☐ Still volunteering ☐ Retired

(This does not affect your ability to earn the AKC Therapy Dog titles. AKC Therapy Dog titles do not expire and they are not removed when the dog is no longer working.)

Section 5: PURPOSE OF A THERAPY DOG

Therapy dogs are dogs that volunteer with their owners to improve the lives of others. Service dogs are dogs who are specially trained to help a person with disabilities. Therapy dogs are not service dogs and they do not have the same public access as service dogs.

If my dog receives an AKC Therapy Dog title at any level, I will not use the title in any way to present my dog as a service dog. This means I will not use an AKC therapy dog title for the purpose of gaining public access to planes, restaurants, public buildings, stores, etc.

Further, I understand that AKC Therapy Dog titles do not qualify a dog to make visits and I agree to maintain a current status with my therapy dog registration/certification organization as long as I am volunteering with my dog.

Signature _____ Date _____

Section 6: PAYMENT

Check or money orders can be made out to: "American Kennel Club".

☐ I have enclosed check or money order number: _____☐ \$25 for Therapy Dog Title only☐ \$35 for both Therapy Dog Title & Canine Good Citizen Title☐ Charge my credit card (circle one): Visa MasterCard American Express Discover

Name of Cardholder: _____

Account No: _____ Expiration date: _____

Authorized Signature: _____

Section 7. CERTIFICATION

I certify that the information given in this application is true and accurate. I understand and agree that approval for AKC Therapy Dog titles (at any level) is not guaranteed.

I agree that any cause of action, controversy, or claim arising out of or related to this application, or as to the construction, interpretation and effect of this agreement shall be settled by arbitration pursuant to the applicable rule of the American Arbitration Association. However, prior to arbitration, all applicable AKC bylaws, rules, regulations, and procedures must first be followed as set forth in the AKC Charter and Bylaws, Rules, Regulations, and published policies and guidelines.

Signature_____
Date

Application Checklist ☒

- ☐ **Complete all sections of this application**
- ☐ **Proof of certification/registration by a therapy dog organization**
(e.g., copy of ID card, certificate, etc).
- ☐ **Proof of visits**
 - 1) Therapy Dog Record of Visits Form, **OR**
 - 2) Certificate or wallet card from certifying organization indicating the dog has made the required visits or more, **OR**
 - 3) Letter on facility letterhead stating dog has made at least the number of visits required for the title for which you are applying.
- ☐ **Submit fees:**
 - 1) \$25 AKC Therapy Dog title only **OR**
 - 2) \$35 for AKC Therapy Dog title plus CGC title

REMEMBER:

Your dog **MUST** have a number in order for your application to be completed.

QUESTIONS:

AKC Therapy Dog Dept at **919-816-3527** or email: **akctherapydog@akc.org**



Congratulations! Now that your dog is working as a therapy dog, here are some great products to show everyone that you have a therapy dog.



**Cloisonne pins- 1 inch
\$15.00 each**



**AKC Therapy Dog Hand towel
\$15.00 each**



**Magnetic Bumper Sticker for your car
\$15.00 each**

Special Price!

**Each item is \$15.00
Any two items are \$25.00
Price includes shipping**

TOTAL ORDER:

\$ _____

Mail or fax this form and a check, money order, or credit card (\$10 minimum for credit card) information to:

**American Kennel Club, Performance Dept., 8051 Arco Corporate Drive, Raleigh, NC, 27617
Phone: (919) 816-3527 Fax: (919) 816-3905**

For ordering by mail: Check/Money Order enclosed () American Express () Master Card () Visa ()

Card Number _____ Date expires _____ Name on card _____

Your name _____ AKC Customer Number (if known) _____

Shipping address _____ City/State/Zip _____

Day Phone _____ Email _____
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