



A DOG IS A WILLING LISTENER FOR A CHILD

Member Questionnaire

Applicant's Name: _____ Applicant's Birthdate: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Dog's Name: _____ Dog's Birthdate: _____

Dog's Breed: _____

How long have you lived with this dog? Years _____ / Months _____

If this is not your dog, how long have you known this dog? _____

(If this is not your dog, the Owner's letter of permission is required.)

Veterinarian/Clinic Name: _____ Phone: _____

Does your dog have any chronic medical issues? Yes No

Describe: _____

Has your dog ever acted aggressively toward or bitten a person? Yes No

Describe circumstances: _____

Has your dog ever acted aggressively toward a dog or cat? Yes No

Describe circumstances: _____

How did you prepare for your Reading with Rover evaluation/test? (check one)

Home Study Only

Therapy Class -- If you took a preparation class, please name the class' instructor and the facility.

Already a therapy team and renewing

I (We) the undersigned do hereby affirm the above information is true and correct to the best of my (our) knowledge.

Applicant Signature

Date

Applicant's Name Printed

Dog's Name

Dog Owner's Signature (if other than Applicant) (Printed Name)

Date

Dog Owner's Name Printed (if other than Applicant)