



**A dog is a willing listener for a child.**

**Administrative Use Only**

- New Team       Basic Membership CA CH CC PP
- Renewal       Senior Membership CA CH CC PP
- Equipment Change to: \_\_\_\_\_

## 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)

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)