



Therapy Dogs International (TDI®)
"A Dog Will Love You Forever"

APPLICATION FOR RENEWAL 2017©
 Phone: (973) 252-9800 Fax: (973) 252-7171 E-mail: tdi@gti.net

For Office Use Only	
Amount:	_____
Check/MO#:	_____
Date:	_____
Health Records Form:	<input type="checkbox"/>
Received:	_____
Sent:	_____

You can renew online, please see back of the enclosed letter for instructions.
 Each associate member is required to renew on a separate form.
 All associate memberships expire on 12/31/2016 and are due for renewal at that time.

Please return completed form with payment to: Therapy Dogs International, Attn: Renewals, 88 Bartley Road, Flanders, NJ 07836

FEES: ONE HANDLER, ONE DOG: \$30.00; ONE HANDLER, TWO DOGS: \$35.00; ONE HANDLER, THREE DOGS: \$40.00
 (EACH ADDITIONAL DOG WITH CURRENT MEMBERSHIP IS \$5.00 EXTRA.)
 ASSOCIATE MEMBER WITHOUT A DOG: \$20.00.

INDICATE METHOD OF PAYMENT:

- CHECK (MAKE CHECKS PAYABLE TO TDI®)
- MONEY ORDER
- NON U.S. RESIDENTS: INTERNATIONAL MONEY ORDER IN US FUNDS ONLY AMOUNT ENCLOSED: \$ _____

NOTE: Each handler must pay a separate renewal fee. There are no family memberships.

PLEASE CHECK HERE IF ANY CONTACT INFORMATION HAS CHANGED IN THE PAST YEAR

CHECK HERE IF HANDLER IS UNDER THE AGE OF 18 DATE OF BIRTH: _____
 (A signature of a parent or a guardian is required.)

Signature of Parent/Guardian (If Applicant is under the age of 18): _____ **Date:** _____

LAST NAME: _____ FIRST NAME: _____
 ADDRESS: _____
 CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____
 COUNTRY: _____ TELEPHONE: (_____) _____ CELL PHONE: (_____) _____
 E-MAIL: _____

DOG'S ID # (Refer 2016 ID card)	BREED	CALL NAME	DATE OF BIRTH OR ESTIMATED AGE	CURRENT HEALTH RECORDS FORM ON FILE?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

DOG(S) NOT RENEWING:

DOG'S ID #	BREED	CALL NAME	REASON FOR NOT RENEWING

Please list all facilities visited. For additional facilities, please use another sheet.

NAME OF INSTITUTION	TYPE OF FACILITY	STREET	TOWN	STATE	ZIP	CONTACT	PHONE

Rules for Associate Members This is a legal contract between you and TDI. Please read, sign, and date.

- A. Before a visit. (Any claim against TDI® is subject to the jurisdiction of the New Jersey Courts.)
1. Dog(s) with each applicant must have passed the TDI® Test given by one of our certified Evaluators (Does not apply for dog(s) already registered).
Alternative: If there is no TDI® evaluator within a 4-hour drive an associate member may be accepted for limited registration. A temperament test must be given by a qualified instructor. Additional requirements include written invitations on letterhead from any facility where you wish to visit. Applicants for limited registration should request from TDI® a procedure form, which explains how to register.
2. Dogs must be a minimum of one year-old to be tested and registered with TDI®.
3. No minimum age for handlers if the handler is able to pass the test without assistance, but handlers under 18 must be accompanied by an adult on visitations. The Registration form must be signed by a parent or legal guardian.
4. You may be an associate member without a dog. Limited to associate members with previously registered dogs. Only associate members who have a deceased or retired dog are eligible.
5. TDI®'s Annual Health Records form, which must be completed and signed by a Veterinarian, is mandatory for Registration and annual Renewal. All TDI required health procedures must be current at all times in order for you to keep making TDI visits. If any required health procedure expires, the dog is not allowed to visit as a therapy dog until the health record is updated.
6. All applicants who wish to visit with more than one dog at the same time must be tested by a TDI® Evaluator with all those dogs together (Maximum of 2 dogs).
7. Paid professionals who use their therapy dogs while working cannot be covered under TDI®'s Volunteer Insurance program. With a current valid registration you will be covered under TDI®'s Volunteer Insurance programs while in service as a volunteer (Our Insurance coverage applies only within the U.S. and Canada).
8. All TDI® Associate Members must be accompanied by a hospital representative when visiting with toddlers or babies.
9. TDI® dog/handler teams are prohibited from visiting any individuals who have been affected by a natural or man-made disaster without approval from TDI®.
10. Associate Members cannot form groups and subsequently schedule visits for the group without being an officially sanctioned TDI Chapter. All TDI Associate Members are free to make appointments for themselves at a facility. However, in order to make arrangements for other TDI Associate Members or to visit as a group, you must form a Chapter.
B. During a visit.
1. TDI® Associate Members and their dogs cannot visit, be registered by, or be active under the auspices of another Therapy Dog-related visitation program, organization, or group other than TDI®.
2. Female dogs must not be in estrus when participating in therapy work. TDI® member dogs are not required to be spayed or neutered.
3. Dogs must be clean and well groomed when visiting.
4. Dogs must be kept on leash at all times when visiting, except when warranted (during a demonstration). The handler must pay attention to the dog at all times.
5. Each TDI® Dog must be readily identified by wearing a flat buckle collar or harness, TDI® Tag, and TDI® Bandana on all visits and on all public appearances when acting as a TDI therapy dog team. (Training collars, training harnesses, halties or any other corrective training devices are not permitted.) Vests or other paraphernalia are not permissible unless a conflict occurs with a facility's rules and regulations and TDI® gives advance written consent to that particular exception. Dogs are permitted to wear costumes for special occasions.
6. A current TDI® ID card with the member dog's photo and name of handler and dog is mandatory when visiting under the auspices of TDI®.
7. During pet therapy visits, member dogs are to be used solely for emotional therapy. Our dogs are not to be used for physical therapy of any sort, i.e., pulling patients on gurneys or wheeled vehicles. Our purpose is to provide comfort and companionship. Any physical interaction, other than petting and general affectionate contact, is not permitted.
8. The use of food or treats is prohibited while visiting (exception is during a demonstration, the handler can treat the dog).
9. Anything learned about any individuals while visiting under the auspices of TDI is privileged information and may not be discussed or disclosed to anyone at all. Many facilities have a confidentiality policy that they will ask you to sign.
10. Associate Members who are participating in therapy dog work in the legal or criminal justice system should not be present during any attorney client/witness interactions.
C. After a visit.
1. I agree to inform TDI® immediately in writing if my dog(s) shows any form of aggressive behavior toward other dogs or persons or any change of temperament and to stop visiting with my dog(s) in a Therapy Dog capacity until the matter has been resolved.
D. General conduct.
1. I understand that neither my dog's certification, nor my voluntary participation in TDI®, is to be used by myself, my club, or Chapter for any personal or financial benefit including, but not limited to, the misuse of the TDI® certification: to gain access to public accommodations (other than therapy facilities) which are not generally accessible to dogs; for the sale of dogs; or the unauthorized use of TDI®'s name or logo in conjunction with any dog club or organization.
2. Public relations appearances, websites and other publications or uses of the TDI® name or logo, by Associates or their clubs, must be authorized in advance by TDI®. In therapy visitations, public appearances and dealings with the media, Associate Members must identify themselves as members of TDI®, and TDI®'s telephone number and/or address should be given to the media.
3. I will conduct myself with the utmost courtesy and professionalism in any and all dealings with TDI®. I will present myself and my dog(s) as courteous, caring, and well-prepared volunteers who project the good will, which TDI® has fostered in its members. Any slanderous behavior toward another organization is not acceptable and will be reported to that organization.
4. My primary objective in wishing to become an Associate Member of TDI is to share the companionship of my dog with those whom we encounter in our therapy visits.
5. I understand that the Volunteer Insurance coverage provided by TDI® is strictly limited to accidental injury and/or damages. Said insurance will not cover injuries and/or damages if I violate TDI®'s Rules and Regulations while visiting. Further, I agree to indemnify and hold harmless TDI® for such injuries and/or damages.
6. My signature indicates that I have been provided a copy of TDI®'s Rules and Regulations and have read and understand my responsibilities and obligations under them. I agree to abide by all of these Rules and upon renewal as an Associate to abide by the Rules applicable to all Associates as amended from time to time. I have answered all questions on this form truthfully and to the best of my knowledge. I acknowledge that my violation of these Rules could result in a review of my TDI® status by the TDI® Board of Directors, and may result in the possible imposition of any of the following sanctions: review of the applicant's suitability to become/or remain an Associate; a probationary period imposed; a temporary suspension of my TDI® privileges; a requirement that my dog(s) be re-tested by an independent Evaluator; or expulsion from the program and relinquishment of TDI® certification.
7. If membership is not renewed by April 1, registration will not be possible without retesting.

TDI is an independent organization and its members shall not work for another organization utilizing or piggybacking on the TDI members' certification. The TDI certification can only be used for TDI activities following TDI rules for visits and participation. TDI is a self-perpetuating organization and its members may develop contacts with facilities to visit. TDI members must maintain their TDI identity independent of any other group or organization. If a TDI member is solicited by another group or organization to participate as a member of that group or organization using their TDI certification the TDI member must report this solicitation to TDI.

Are you and/or your dog(s) participating in any type of therapy dog related program or organization other than TDI®?
[] Yes [] No If Yes, please list name of organization(s) and attach a short description: _____

I will adhere to the above rules and regulations for conducting therapy dog visits as a TDI Associate Member:

SIGNATURE OF APPLICANT: _____ DATE _____

Please remember that visits with your dog(s) are mandatory for your dog(s) to be a "Therapy Dog." (Excludes incapacitated or retired dogs and incapacitated owners.) Please copy the Rules for Associate Members for your records.

Instructions for Online Renewal

STEP 1: ACTIVATE YOUR MEMBER'S ACCOUNT

***IF YOU HAVE ALREADY ACTIVATED YOUR ACCOUNT, PLEASE SKIP THIS STEP AND LOGIN TO YOUR ACCOUNT.**

1. Go online to our website at www.tdi-dog.org.
2. Click on "New Website User Registration" link found in blue color.
3. Enter the information requested on the form, then press "Submit" (Note: Your Dog's ID # can be found on your 2016 ID card).
4. Please select your record by clicking in the circle next to your record and click "Continue" (Note: If your record does not appear, please click "Search Again" and verify that you entered the correct information, if this does not work, please contact the TDI® Office).
5. Confirm the contact information you have on file and select a username and password that you will use for all future logins. Then click "Member's Pages" to login.

STEP 2: RENEW YOUR MEMBERSHIP

1. Click "Renew Online" on the left hand side of the page (Note: You will have had to submit an updated Health Record Form for your dog(s) in order to access the online renewal page. If you have not, you will receive an error message "No active dogs with a valid health record on file").
2. Fill out the required fields and make sure that your contact information and dog's registration information are correct. If your dog's status has changed in the past year, or you will not be renewing one or more of your dogs this year, please update the status accordingly. The payment amount will automatically adjust to reflect the number of dogs being renewed.
3. Please enter your credit card information on the bottom of the form, and if you would like, you can make a donation as well. When finished, please click "Continue", then type your name as an electronic signature, and then click "Continue".
4. If you receive an error message, please make sure that you have answered the following question on the renewal page and try again.
Are you and your dog(s) participating in any type of therapy dog related program or organization other than TDI? Yes/No
5. If you still cannot renew, please fill out the paper application and send it to TDI by regular mail.

Congratulations! You have just renewed your registration online! You can now print out the 2017 Insurance Coverage Sheet. If you are an Evaluator, you will be prompted to renew your Evaluator status as well. Your membership materials will be sent out to you promptly.



THERAPY DOGS INTERNATIONAL (TDI®)
 Tel: (973) 252-9800 Fax: (973) 252-7171 Email: tdi@gti.net
ANNUAL HEALTH RECORDS FORM
REQUIRED FOR REGISTRATION AND RENEWAL

NOTE: ONE DOG PER FORM!

For Existing Members

--	--	--	--	--	--	--	--

OWNER: _____ DOG: _____ DOG ID# _____

BREED: _____ SEX: M F NEUTERED/SPAYED: Y N

Dear Health Care Provider:

Please complete this form in its entirety. All requirements must be met as indicated. Your signature will confirm that all procedures were performed, including the annual health check-up. Where procedures were not performed, please check appropriate boxes. All other mandatory procedures not performed by you, please write "not done" in the appropriate space. Please do not charge an extra fee for completion of this form. All our Associate Members are volunteers and serve their local community. As this dog's Veterinarian, I affirm that the information stated in this form is a truthful account of this animal's veterinary record. I hereby certify that I have examined the dog named above and find this animal physically and mentally healthy and free of contagious diseases.

CHECK-UP *Check-up to be done by a licensed Veterinarian within the last year*

Month Day Year
 M M D D Y Y

Date of Last Check-up:

--	--

--	--

--	--

--	--

RABIES (No Titters Accepted) *A current Rabies vaccination is required for registration*

Month Day Year Month Day Year
 M M D D Y Y M M D D Y Y

Date Given:

--	--	--	--	--	--

 Expires:

--	--	--	--	--	--

CORE VACCINATIONS (Initial Set of Vaccinations)
A dog must have received an initial series of Distemper, Hepatitis, and Parvovirus vaccinations to be registered. Subsequent boosters are given at the Veterinarian's discretion.

Month Day Year
 M M D D Y Y

Distemper Completed on Date:

--	--	--	--	--	--

Hepatitis Completed on Date:

--	--	--	--	--	--

Parvovirus Completed on Date:

--	--	--	--	--	--

FECAL EXAM
A Fecal exam with a negative result must have been performed within one year

Month Day Year
 M M D D Y Y

Date of Test:

--	--	--	--	--	--

 Positive Negative

MANDATORY HEARTWORM
 Dogs which are on continued heartworm medication must be tested at least every two years.
 Dogs which are not on heartworm medication must be tested annually.

Is the dog presently on a continuous heartworm preventative medication?

Yes No

Month Day Year
 M M D D Y Y

Date of Test:

--	--	--	--	--	--

 Positive Negative

SIGNATURE OF LICENSED VETERINARIAN
 (PLEASE SIGN ON DIAGONAL LINE)

ADDRESS STAMP OF VET

--

Please write Vet info above if there is no stamp available. Please note, a phone number is required.

If some Required Procedures were not performed by the Veterinarian who signed on the diagonal line, these additional records must be provided by the Veterinary Office or Veterinarian that performed the procedure!



Therapy Dogs International (TDI®)

Inoculation Statement for Dogs Vaccinated by Someone Other Than a Veterinarian

I, _____, certify that _____, Owner/Handler's Name (PLEASE PRINT) Dog's Name
has received all vaccinations listed below on the indicated dates. This dog also has a current Rabies vaccination.

Rabies vaccination MUST be performed by a veterinarian. An initial series of all Core Vaccinations specified on the front of this form (Distemper, Hepatitis, Parvovirus) must be given. Subsequent boosters and/or titers for Core Vaccinations should be given following a schedule recommended by your Veterinarian.

LIST ALL VACCINATIONS

Vaccine (s)	Date	Place	Vaccinated by

Please include a copy of invoices that show you have purchased the vaccines listed above for dogs applying for registration with TDI®

We cannot process your application without the mandatory invoices or labels.

I hereby certify that I, _____, Signature of Vaccinator Vaccinator's Name (PLEASE PRINT)
have given the vaccines to the dog noted above and I take full responsibility.

Vaccinator's Address and Telephone Number (PLEASE PRINT) Date Place

Owner/Handler's Signature Date

Copies of this form may be made ONLY for Therapy Dogs International use.