



HEALING HOUNDS, INC.,  
*Therapy Dogs Supporting First Responders*

Therapy K9 Team Interest Form

Today's Date: \_\_\_\_\_

1. Your Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_
4. Email: \_\_\_\_\_
5. Dog's Name \_\_\_\_\_ Breed: \_\_\_\_\_
6. How old is your dog? \_\_\_\_\_
7. Male/Female? \_\_\_\_\_ Has he/she been neutered/spayed \_\_\_\_\_
8. Has your dog ever been certified as a therapy dog before? \_\_\_\_\_ If so, which organization(s) has your dog been certified through? (Therapy Dogs International, Pet Partners, etc.) \_\_\_\_\_  
What kinds of facilities has your dog worked as a therapy dog? (hospital, schools, nursing homes, etc.) \_\_\_\_\_
9. Does your dog get along with other dogs? \_\_\_\_\_
10. How did you hear about Healing Hounds? \_\_\_\_\_
11. Tell us why you think your dog would be a good therapy dog: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_