



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? _____ Date of Birth (or best guess): _____

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: _____

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www.healinghoundsinc.org