Tail Waggers HOPP, Inc.
2025 Membership Application

Full Legal Name		
Mailing Address		
City	State	Zip Code
Day Telephone ( )	Evening Telephone ( )	
Email	Date of Birth (MM/DD/YYYY)	
Emergency Contact (Name)		
Emergency Contact (Phone number)	Emergency Contact (Relationship)	

Fundraising and Volunteering

1. If you commit to participating in a fundraiser, and something happens where you cannot make it, you are required to provide the Tail Waggers HOPP, Inc. team with 24 hours' notice.

2. The only dogs that are considered Tail Waggers HOPP, Inc. dogs are our Alliance of Therapy Dogs certified therapy dog teams, and you are not allowed to misrepresent Tail Waggers HOPP, Inc. with your own personal dog.

I certify that I have read, signed, and I understand the Tail Waggers HOPP, Inc. Rules and Regulations. I agree to abide by these regulations when volunteering under Tail Waggers' name.

APPLICANT SIGNATURE _____ DATE _____

Signature of Parent/Guardian (if minor) _____ DATE _____

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Complete, read, and sign the following if you are planning on having an Alliance of Therapy Dogs (ATD) certified therapy dog. This section is only valid for 1 year.

Dog's Call Name	
Breed or Mix type	Dog's date of birth or approximate age
Check: ☐ Male ☐ Female	Check: ☐ Intact ☐ Spayed/neutered

1. Handlers are required to provide Tail Waggers HOPP, Inc. with a copy of your ATD membership card. You will not be allowed to do any assignments with us until we receive your card. Once a member, you are required to provide Tail Waggers HOPP, Inc. with a copy of your renewed ATD card annually.

2. Any new dog must have their AKC Canine Good Citizen (CGC) certification in order to become a new therapy dog team.

3. Tail Waggers HOPP, Inc. therapy dog teams are not permitted to use a gentle leader while on any Tail Waggers HOPP, Inc. assignments.

4. All Tail Waggers HOPP, Inc. Therapy Dog Teams are required to maintain and follow all of ATD's rules and requirements at all times.

5. As an ATD member, you are required to make a minimum of one volunteer visit every three months with your dog.

6. You will never accept any money or donation for any visits or services you provide as a therapy dog team.

7. Your dog must be licensed by the county in which you reside.

8. While on visits, you must have your current ATD membership card, your dog's ATD red heart ID tag worn on their collar, harness, vest, or leash, and a copy of your dog's vaccinations must be easily accessible during your visit.

9. The visit starts as soon as you arrive at the facility property, to include the parking lot. The visit ends when you leave the facility property.

10. All handlers must wear appropriate attire while on visits. You must wear safe and sensible walking shoes and skimpy or tight-fitting attire is prohibited.

11. Dogs must only use the equipment approved by ATD for visits. An approved collar must be worn by all dogs and all leashes must be 4 feet in length or shorter.

12. All dogs must be kept at least 2 feet from other animals at all times while on a visit. If a dog prefers more than 2 feet, it is the handler's responsibility to provide more space for their dog. Insurance will not cover you if your dog is within 2 feet of another animal.

13. Handlers are never allowed to leave their dogs alone with staff, patients, or visitors. All dogs must be kept on their 4 foot or shorter leash and can only be held by the dog's handler. The leash must be held at all times by the handler.

14. Do not allow your dog's face to go near a person's face. Facial kisses are not allowed.

15. While on a visit, the handler must know and strictly follow the facility's policy concerning dogs on any laps and all furniture. The dog's head must be in control of the handler at all times. Dogs that weigh more than 15 lbs. cannot be placed on laps. Dogs that weigh more than 50 lbs. cannot be placed on occupied furniture. All dogs may be placed on unoccupied furniture.

16. You are always your dog's advocate, and your dog should always be your first priority.

17. If an injury or incident to a visitor, resident, or employee in the facility happens during a visit, you must immediately contact the facility's supervisor on duty. If the incident is a suspected bite, the visit must end immediately. You must document the incident on all forms required by the facility. You must immediately contact ATD and Tail Waggers HOPP, Inc. and report the incident.

18. All Tail Waggers HOPP, Inc. dogs are insured by Alliance of Therapy Dogs.

I certify that I have read, signed, and I understand the Tail Waggers HOPP, Inc. Rules and Regulations. I agree to abide by these regulations when working with my dog under Tail Waggers' name. I shall not misrepresent my therapy dog as a service dog for the purpose of gaining public access to planes, restaurants, public building, stores, etc., or for any other reason. I agree to maintain the required annual veterinary care and county licensing as set forth by Tail Waggers HOPP, Inc. I understand that as a Tail Waggers HOPP, Inc. member, I am required to make a minimum of 1 volunteer visit every 3 months with my dog.

APPLICANT SIGNATURE _____ DATE _____

Signature of Parent/Guardian (if minor) _____ DATE _____