

# Pleasure of Your Company Therapy Dogs, Inc.

For internal use:

Rabies: \_\_\_\_\_ Distemper: \_\_\_\_\_ License: \_\_\_\_\_

Mentor Visit: \_\_\_\_\_

Visit w/Team: \_\_\_\_\_

## Application for Membership

### Applicant Information

New Member

Current Member – Additional Dog

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

### Information about Your Dog

Dog's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Dog's Age: \_\_\_\_\_ Is your dog up to date on inoculations? Yes \_\_\_ \* No \_\_\_ (Include copy of current vaccines.)

Is your dog obedience trained? Yes \_\_\_ No \_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Is your dog properly licensed as required by law? Yes \_\_\_ \* No \_\_\_ (Include copy of current state/county license.)

\* *Required to schedule evaluation and certification.*

\_\_\_ I am applying for membership, but do not currently have a dog for evaluation.

### Other Information

Other canine-related organizations of which you are a member: \_\_\_\_\_

\_\_\_\_\_

Provide a brief statement as to why you are interested in joining POYC:

\_\_\_\_\_

\_\_\_\_\_

I am interested in participating in the following:

Membership with PoYC

Reading dog programs

Member of evaluation team

Communications

Public relations

Other \_\_\_\_\_

How did you learn of PoYC? \_\_\_\_\_

I agree to abide by the rules and visitation procedures established by PoYC. I agree that my canine partner will be current on all required vaccines and have a current dog license.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*(if under 18) Signature of Adult Handler*

\_\_\_\_\_  
*Date*

Mail completed application and **copy of current vaccines and dog license** to:  
Gay Stahley, 637 River Hill Drive, Catawissa, PA 17820

# ***Pleasure of Your Company Therapy Dogs, Inc.***

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Rabies:            Distemper:            License:  
Mentor Visit:  
Visit w/Team:

OR scan and email to [poycdogs@gmail.com](mailto:poycdogs@gmail.com)

**NOTE:** Non-refundable evaluation fee is paid day of evaluation. Please do not mail it with this application.

***Please keep this page for future reference:***

Mail completed application with copies of current vaccines and current dog license to:

Gay Stahley  
637 River Hill Drive, Catawissa, PA 17820  
570-479-3470

You can also scan the completed application and email with other requested documentation to [poycdogs@gmail.com](mailto:poycdogs@gmail.com)

Fee Schedule:

No fee is required with this application.

- \$10.00 Non-refundable testing fee – *payable at time of evaluation*
- \$20.00 Annual membership fee (\$15.00 after April 30, \$10.00 after August 31) - *payable at time of your dog passes the evaluation*
- \$5.00 Annual fee for each additional certified dog (with same handler)

What is required to schedule your evaluation?

- Completed application
- Copy of current vaccines (rabies and DA2PP)
- Copy of current dog license (Yearly or lifetime)
- Shadow another PoYC team without your dog on a visit (schedule is found on our website)

What takes place at the evaluation?

- We evaluate the temperament of your dog when introduced to new people and equipment often found in hospitals, nursing home, and schools. This includes a walker, cane, wheelchair and crutches. We test your dog's reaction to an approaching unfamiliar dog that is on leash and to a sudden loud noise. We offer your dog a treat to ensure that he takes the treat gently. You will walk your dog past food on the floor with out him lunging for or eating the food.
- We also test that your dog walks quietly with you on a loose leash, not pulling, barking, or jumping. In case your dog slips his leash, we test that your dog will return when called and that your dog will wait when necessary.
- Additional details are available on our website: [poycdogs.org](http://poycdogs.org).

What is the next step after you and your dog pass the evaluation?

- You and your dog participate in a visit with one of our mentors
- You and your dog participate in a visit with another PoYC team

**If you are unable to attend your scheduled evaluation, please contact Helene at the 570-814-6078.**