



# THERAPY DOG TITLE APPLICATION



Mail to: **Therapy Dog Program**  
**P.O. Box 900064**  
**Raleigh, NC 27675-9064**

Phone: **(919) 816-3527**  
Fax: **(919) 816-3905**  
Email: **akctherapydog@akc.org**

To earn any of the AKC Therapy Dog titles, you and your dog **MUST MEET** the following criteria:

- Certified/registered by an AKC recognized therapy dog organization
- Perform a minimum number of visits. The number of required visits is specific for each title.
- The dog **MUST** have either an AKC number, PAL number, or **AKC Canine Partners number**.

Please use this application to apply for an AKC Therapy Dog title. The recording fee is \$32.

**OR**

Additionally, due to the fact AKC approved therapy dog organizations test Canine Good Citizen (CGC) items in the context of their therapy dog testing, **you may also apply for a CGC Title at the same time.**

The recording fee is \$45 and includes both titles.

1. Please check the **THERAPY DOG** title you are applying for.
2. If you are also applying for the **CANINE GOOD CITIZEN** title please check the last box.

*One application is required for each therapy dog title. If your application is not approved you will be notified and your fee will be refunded.*

**Therapy Dog Novice Title (THDN)** A minimum of **10 visits** is required.

The THDN title will appear on the dog's record. You will receive a title certificate.

**Therapy Dog Title (THD)** A minimum of **50 visits** is required.

The THD title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog patch.

**Therapy Dog Advanced Title (THDA)** A minimum of **100 visits** is required.

The THDA title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Advanced patch.

**Therapy Dog Excellent Title (THDX)** A minimum of **200 visits** is required.

The THDX title will appear on the dog's record. You will receive a title certificate and an AKC Therapy Dog Excellent patch. In addition, you will receive the Silver AKC Therapy Dog medal.

**Therapy Dog Distinguished Title (THDD)** A minimum of **400 visits** is required.

The THDD title will appear on the dog's record. You will receive a title certificate and an AKC Distinguished Therapy Dog patch. In addition, you will receive the Gold AKC Therapy Dog medal.

**Therapy Dog Supreme Title (THDS)** A minimum of 600 visits is required.

The THDS title will appear on the dog's record. You will receive a title certificate.

**\*Canine Good Citizen Title (CGC)** I would like to add a CGC title to my dog's record at the same time I am applying for this therapy dog title. My dog has completed testing through an AKC recognized therapy dog organization. (\$45 in total for both titles.)\*



*The purpose of the AKC Therapy Dog titling program is to acknowledge therapy dogs that volunteer with their human teammates to improve the lives of people in therapeutic settings. The program is open to all dogs (purebred or mixed breed).*

## Section 1: Owner Information

Name \_\_\_\_\_

Address/Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Section 2: Dog Information

If you don't have a number for your dog or have questions about how to obtain one, please call (919) 816-3527 or visit [www.akc.org](http://www.akc.org).

**A NUMBER FOR YOUR DOG MUST BE PROVIDED IN ORDER FOR THIS APPLICATION TO BE COMPLETE.**

My Dog's Number \_\_\_\_\_

Please check one. The number provided is an:

AKC Registration Number     AKC PAL Number     \*AKC Canine Partners Number

*\*Any dog can apply for a Canine Partners Number. To download a [Canine Partners application](#) visit [www.akc.org](http://www.akc.org). Click on "Owners," then "AKC Therapy Dog Program," then scroll down.*

If you apply for a Canine Partners Number, you **MUST submit BOTH** applications (Therapy Dog Title application and Canine Partners application) **together** so they are processed correctly.

Dog's Official Name \_\_\_\_\_

SHOW FULL REGISTERED/LISTED NAME

Dog's Call Name \_\_\_\_\_

THIS IS THE NAME YOU CALL THE DOG

Is your dog a mixed breed or purebred?     Mixed breed     Purebred

If purebred, what breed is your dog? \_\_\_\_\_

AKC titles earned by your dog? List here:

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### Section 3: Verification

Please attach the following to this application.

Make sure you have met the requirements below.

- 1. Provide verification of being certified/registered by an AKC recognized therapy dog organization. This can be done with a copy of a wallet card or certificate from the certification organization. A list of certification organizations can be found at: [www.akc.org/akctherapydog](http://www.akc.org/akctherapydog)
- 2. Provide verification of the required number of visits. This can be done by using:
  - a) Therapy Dog Record of Visits form (see [www.akc.org/akctherapydog](http://www.akc.org/akctherapydog)); **OR**
  - b) Certificate or wallet card from certifying organization indicating the dog has made the number of visits (or more) required for the title. *(For those certifying therapy dog organizations that provide wallet cards or other verification of a specified number of visits, a copy of this will be acceptable to AKC);* **OR**
  - c) Letter from the facility (nursing home, school, hospital, etc.) where the dog served as a therapy dog. Letters must be on facility letterhead. List contact information for verification purposes.

Facility Name \_\_\_\_\_

Facility Address (City/State/Zip) \_\_\_\_\_

Contact's Name at the Facility \_\_\_\_\_

Contact's Phone Number \_\_\_\_\_ Email \_\_\_\_\_

*If you visited more than one facility, attach the information for each facility.*

### Section 4: Experience

1. Briefly describe the therapy setting(s) [nursing home, school, hospital, etc.] in which you and your dog have volunteered.

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2. When was your dog originally certified as a therapy dog? \_\_\_\_\_

3. How long did you volunteer? \_\_\_\_\_

Are you still volunteering or retired?  Still volunteering  Retired

*This does not affect your ability to earn the AKC Therapy Dog titles. AKC Therapy Dog titles do not expire and they are not removed when the dog is no longer working.*

## Section 5: Purpose of a Therapy Dog

Therapy dogs are dogs that volunteer with their owners to improve the lives of others. Service dogs are dogs who are specially trained to help a person with disabilities. Therapy dogs are not service dogs and they do not have the same public access as service dogs.

If my dog receives an AKC Therapy Dog title at any level, I will not use the title in any way to present my dog as a service dog. This means I will not use an AKC Therapy Dog title for the purpose of gaining public access to planes, restaurants, public buildings, stores, etc.

Further, I understand that AKC Therapy Dog titles do not qualify a dog to make visits and I agree to maintain a current status with my Therapy Dog registration/certification organization as long as I am volunteering with my dog.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 6: Payment

**Check or money orders** can be made out to "American Kennel Club"

- I have enclosed check or money order number: \_\_\_\_\_
- \$32 for Therapy Dog Title only
- \$45 for both Therapy Dog Title and Canine Good Citizen Title

In compliance with PCI regulations, the American Kennel Club (AKC) no longer accepts credit card information on paper forms. Please submit payment by check or money order.

## Section 7: Certification

I certify that the information given in this application is true and accurate. I understand and agree that approval for AKC Therapy Dog titles (at any level) is not guaranteed.

I agree that any cause of action, controversy, or claim arising out of or related to this application, or as to the construction, interpretation and effect of this agreement shall be settled by arbitration pursuant to the applicable rule of the American Arbitration Association. However, prior to arbitration, all applicable AKC bylaws, rules, regulations, and procedures must first be followed as set forth in the AKC Charter and Bylaws, Rules, Regulations, and published policies and guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Application Checklist

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- Complete all sections of this application**
- Proof of certification/registration by a Therapy Dog organization**  
(e.g., copy of ID card, certificate, etc.)
- Proof of visits**
  - 1) Therapy Dog Record of Visits Form, **OR**
  - 2) Certificate or wallet card from certifying organization indicating the dog has made the required visits or more, **OR**
  - 3) Letter on facility letterhead stating dog has made at least the number of visits required for the title for which you are applying.
- Submit fees**
  - 1) \$32 AKC Therapy Dog title only **OR**
  - 2) \$45 for AKC Therapy Dog title plus CGC title

### REMEMBER

**Your dog *MUST* have a number in order for your application to be completed.**

### QUESTIONS

Call AKC Therapy Dog Dept. at **(919) 816-3527** or email: [akctherapydog@akc.org](mailto:akctherapydog@akc.org)



# Congratulations!

Now that your dog is working as a **Therapy Dog**, here are some great products to show everyone that you have a therapy dog.



**Cloisonne Pin**  
1 inch – \$17/ea



**AKC Therapy Dog Hand Towel**  
\$17/ea



**Magnetic Bumper Sticker**  
*for your car*  
\$17/ea

## Special Price!

Each item is \$17 and/or

**Mix and Match**  
any **2 items** for **\$30**

*Price includes shipping!*

**Cloisonne Pin**

\$17/ea or \$15/ea if ordering in multiples of 2

**AKC Therapy Dog Hand Towel**

\$17/ea or \$15/ea if ordering in multiples of 2

**Magnetic Bumper Sticker**

\$17/ea or \$15/ea if ordering in multiples of 2

**QTY PRICE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Price \$** \_\_\_\_\_

Mail this form along with a Check, Money Order to:

**American Kennel Club, Performance Dept., PO Box 900064, Raleigh, NC 27675-9064**

For ordering by mail:  Check/Money Order (enclosed)

In compliance with PCI regulations, the American Kennel Club (AKC) no longer accepts credit card information on paper forms. Please submit payment by check or money order.

Your Name \_\_\_\_\_ AKC Customer Number (if known) \_\_\_\_\_

Shipping Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

**For more information contact AKC Performance Department at (919) 816-3527**