

Cavalier King Charles Spaniel Club, USA Therapy Companion Registration Form

*Use a separate registration form per dog per location
For multiple visits per location, use page two summary form*

Registered Name of Dog_____

CKCSC Reg/Pen#_____

Owner(s)_____

Address_____

City_____ State_____ Zip_____

Phone#(____)_____ Fax(____)_____

Email_____

Name of Therapy club dog is registered with_____

Owner's Signature_____ Date_____

Please have a manager of the visitation site confirm the visit by filling in the information below and signing.

Place & Address of Visitation_____

Date of visit_____ Length of visitation _____hr _____min.

I hereby certify that the above dog has performed canine therapy and that the above information about the visit is correct to the best of my knowledge.

Name_____

Signature_____

Date_____

Mail form to: Sand Smallwood 2295 Crested Wheat Loop, East Helena, MT 59635

For CKCSC use only: Date Received_____ Initials:_____

Cavalier King Charles Spaniel Club, USA

Therapy Companion Registration Form

Summary form to be used for multiple visit by same dog at same location.
Must be submitted with page one.

Summary of Additional Visits to the location on the previous page:

Date of visit	Length of visitation	Date of visit	Length of visitation
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.
_____	_____ hr _____ min.	_____	_____ hr _____ min.

I hereby certify that the above dog has performed canine therapy and that the above information about the visit is correct to the best of my knowledge.

Name _____

Signature _____

Date _____

Mail form to: Sand Smallwood 2295 Crested Wheat Loop, East Helena, MT 59635

For CKCSC use only: Date Received _____ Initials: _____

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Cavalier Therapy Companion Titles

To be entitled to the Cavalier Therapy Companion title, a Cavalier must be a registered with one of the following therapy dog organizations.

- Delta Society www.deltasociety.org
- Therapy Dogs, Inc. www.therapydogs.com
- Therapy Dogs International, Inc. www.tdi-dog.org
- The Bright and Beautiful Therapy Dog, Inc. www.golden-dogs.org
- The Bright Spot Therapy Dogs, Inc. www.bright-spot.org

As a registered therapy dog an owner is showing liable responsibility of the dog.

Therapy work is consisted of visitation to nursing homes, hospitals, schools or other human groups where a dog is performing mental and physical comfort therapy to humans.

A CKCSC, USA Therapy Companion Registration form must be filled out and mailed for each visit of therapy work per dog. When a dog has performed the required hours, the owner will receive a certificate of the title earned.

Each title defined below is superseded by the next highest title respectively. These are lifetime achievement titles and should be added to a cavalier's registered name.

Cavalier Therapy Companion (C-TC)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 40 hours of therapy work.

Cavalier Therapy Companion of Excellence (C-TCX)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 100 hours of therapy work.

Cavalier Master Therapy Companion (C-MTC)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 200 hours of therapy work.

Cavalier Master Therapy Companion of Excellence (C-MTCX)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 300 hours of therapy work.