

# 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 \_\_\_\_\_

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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 2779 Stacia Ave. Helena, MT 59601*

*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 2779 Stacia Ave. Helena, MT 59601

For CKCSC use only: Date Received \_\_\_\_\_ Initials: \_\_\_\_\_

**Cavalier King Charles Spaniel Club, USA**  
**Therapy Companion Registration Form**

**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](http://www.deltasociety.org)
- Therapy Dogs, Inc. [www.therapydogs.com](http://www.therapydogs.com)
- Therapy Dogs International, Inc. [www.tdi-dog.org](http://www.tdi-dog.org)
- The Bright and Beautiful Therapy Dog, Inc. [www.golden-dogs.org](http://www.golden-dogs.org)
- The Bright Spot Therapy Dogs, Inc. [www.bright-spot.org](http://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.