

Mid South Therapy Dogs & Friends

COMPETENCY-BASED TEAM EVALUATION

Write the date of the evaluation you desire to attend

Please check where applicable:

MSTD Renewal - no charge

First Evaluation - New Team/Date of Team Training Workshop _____
Included in the Team Training Workshop Form must be submitted to reserve a testing time

Re-take CBTE Evaluation \$30.00 / Date of first CBTE Evaluation _____

Additional Animal Other, please state: _____

.....
Name: _____

Address: _____

Phone: _____ E: mail: _____

Animal's Name/Breed/Sex/Age: _____

INDEMNITY FORM

Signature Please! I understand that I am responsible for any damage my animal causes during the course or evaluation. I indemnify and hold, Intermountain Therapy Animals, Evaluator(s), Instructor (s), assistants, facility owner(s) and sponsoring organizations (Mid South Therapy Dogs & Friends) harmless from and against all claims, losses, liabilities, and damage to persons or property, governmental charges or fines, and attorneys' fees arising out of the acts or omissions of courses and evaluations including, but not limited to interactions with evaluators, instructors, attendees, or animals, evaluation or demonstrations involving my animal, or transportation of my animal to or from the training/ evaluation site or within the training/evaluation site.

Signature: _____

Date: _____/_____/_____

Office use only: Check # _____ Date: _____ Amount: _____