Altoona Area Kennel Association Inc

Alliance of Therapy Dog (ATD) Group

Name _____

Address _____

Email _____

Phone _____ ☐ Cell ☐ Home Phone

Preferred method of communication ☐ Text ☐ Email ☐ Other _____

Dog's Name _____

Breed _____

(Please complete a separate application for additional dogs)

ATD Certified ☐ YES *(Please provide proof of registration)* ☐ Not yet

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AAKA Member ☐ YES *(must be AAKA member in good standing)* ☐ Not yet

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By signing I agree to have my dog certified by Alliance of Therapy Dog (ATD) and follow all of their rules and regulations and be an Altoona Area Kennel Association (AAKA) member in good standing to participate in the AAKA Therapy Dog group.

Signature _____ Date _____

Signature _____ Date _____

Please return to:
Tamsen Nuss TamsenNuss@gmail.com by email or mail to 168 Hillside Ave Altoona, PA 16601
Or drop off at the club building