**Therapy Dogs of Central WI Testing Registration form**

**Name:** _____

**Address:** _____

**City:** _____

**State:** _____ **Zip Code:** _____

**Email Address:** _____

**Telephone:** _____

**Dog's name:** _____

**Dog's Breed:** _____

**Dog's date of birth (dogs must be 1-year old):** _____

**Rabies Vaccination Date:** ____/____/____ **When it Expires:** ____/____/____

**Preferred time of day to test (morning, afternoon, etc.):** _____

I have reviewed the Therapy Dog International Testing Requirements listed on this Web site and understand the skills needed for testing. Please check the box that you have reviewed the testing requirements. [ ]

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**Checks for TDI testing should be made payable to Therapy Dogs of Central Wisconsin or TDOCW. Please return completed form along with prepayment of $10.00 (which is non-refundable) to:**

Mail form and check to

Marty Heidner
718 Bertha Street
Wausau WI 54403-7007
Email: martyheid@charter.net
Phone 715 842-1368

Any questions contact the above or Sylvia Erickson
Email: joskitt@aol.cm
Phone 715 843-5088

**Please bring to the testing:**

- **Brush for your dog**
- **Leash**
- **Clip or Buckle Collar**
- **Rabies Certificate or Tag**

The testing will be held at 1007 Pasha Avenue, Mosinee, WI 54455 (Sportsman Repair Shop) From I-39, take Hwy 153 west through downtown Mosinee. Turn left on Elm Street. Turn right on Pasha Avenue. Parking is available on the east side of the building. Please use east side entrance.