

## St. John Ambulance Therapy Dog Program

### Application for Therapy Dog Evaluator

**A. PERSONAL INFORMATION (TO BE COMPLETED BY APPLICANT)**

SURNAME	GIVEN NAMES	SJA I.D. NUMBER
HOME ADDRESS		CITY/TOWN
PROVINCE	POSTAL CODE	AREA CODE & PHONE NUMBER
<p>I will undertake to evaluate all dogs in accordance with the policies set out by St. John Ambulance</p> <p style="text-align: center;">SIGNATURE: _____ DATE: _____</p>		

**B. PERSONAL HISTORY**

Include personal dog experience: years involved with dogs, training history (Obedience Instructor, Assistant, number of dogs titled) confirmation experience, grooming, etc. Use reverse if more space is needed.

---

---

---

---

---

---

---

---

**C. RECOMMENDATION FOR CERTIFICATION**

The above information has been verified and the applicant:

MEETS ALL THE REQUIREMENTS

IS RECOMMENDED

EVALUATOR COURSE NUMBER	SUPERVISING EVALUATOR	DATE
BRIGADE UNIT	AREA EVALUATOR	DATE
	PROVINCIAL EVALUATOR	DATE
POCKET CARD ISSUED BY PROVINCIAL EVALUATOR		DATE

Date of issue: August 1999

Annex C  
to StJCI 2-5-2