

THERAPY DOG RE-CERTIFICATION SEMINAR

NOVEMBER 1, 2003

**To: Provincial Evaluator
St. John Ambulance
Council for Ontario
46 Wellesley Street East
Toronto ON M4Y 1G5
(416) 923-8411
1-800-268-7581
Fax: 923-4856**

Name: _____ **Address:** _____

Unit/Branch: _____ **City/Town:** _____

Phone (Home): _____ **Postal Code:** _____

Phone (Work): _____ **Fax:** _____

Position held (e.g. Evaluator, Assistant Evaluator, Coordinator, other):

Length of service with St. John Ambulance: _____

Number of Evaluations conducted or assisted with last year: _____

Number of Dogs Evaluated last year: _____

Comments or topics you would like to see discussed at the seminar:

