



Paws for Love

Pet Assisted Therapy
P.O. Box 20925
Reno, NV 89515-0925
Paws4lovereno.org

Membership Renewal Form

Please complete **this form**, include a **check for \$15** per person annual dues, and a **copy of your current national therapy dog (NTD) registration card** and mail to the above address by January 1st to maintain your active membership. Renewals will also be accepted at the annual membership meeting. Active members must have a registered therapy dog. Active members are entitled to one vote at membership meetings. Support members do not have any of the above requirements and are not entitled to vote. Junior members are under 18.

Member Information Update

Name: _____ Membership type Active Junior Support
Address: _____ NTD# _____ Expires _____
City, State, Zip _____ Phone _____
Email: _____
Dog's Name/Birthdate/Breed: _____
2nd Dog's Name/Birthdate/Breed: _____

Facilities Update

Facility: _____
Day/Time: _____
Visit Frequency: _____
Can the above information be made available to other PFL members? Yes No

Member Statement

I agree to abide by guidelines adopted by Paws for Love when working my dog under the name of Paws for Love. I agree to notify Paws for Love of the facilities that I visit under the name of Paws for Love, including any changes to regularly scheduled visits.

I understand that Paws for Love does NOT provide liability or any other form of insurance while participating in visits or other activities under the name of Paws for Love. I agree to hold Paws for Love harmless for any incidents that may occur while participating in therapy visits or other activities under the name of Paws for Love.

Enclosed Check Copy of current NTD ID Card

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

Parent/Guardian Signature _____

Dog Health Statement

I agree to keep my dog(s) current on all required vaccinations and to perform an annual stool check to ensure that he/she/they is/are free from internal and external parasites.

Signature _____ Print Name _____ Date _____

Office Use Only: Check # _____ Date _____ Amount _____ NTD# _____ Exp _____