



PO Box 1271
Williston, VT 05495
www.therapydogs.org
admin@therapydogs.org

Certification Record: Therapy Dogs of Vermont

This record verifies that the below-named dog and handler team have successfully completed the test and evaluations and have met all criteria for therapy dog certification with Therapy Dogs of Vermont. Certification is maintained through an annual renewal process.

Handler Name: _____

Dog's Name: _____

Breed: _____

Additional handler, if applicable (handlers must be age 14 or older and tested and evaluated with the dog):

TESTING	
Date tested:	Tester:
Location: _____	

EVALUATIONS	
Dates of evaluations (at least 3 dates must be clearly indicated)	
Evaluator:	
Location: _____	
Facility Evaluated in:	

