

Invisible Paw Prints®

**“Sophie Will Leave Behind no Paw Prints,
only Trails of Human Smiles, Happiness, Hope, and Love”**

(quote from the book, “Invisible Paw Prints”)

Charlotte, NC

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WELCOME

Thank you for your interest in becoming a therapy dog team through Invisible Paw Prints Inc. (IPP). You are about to embark on a journey that will be fascinating and rewarding! We will guide you through each and every step along the way.

In order, not to overwhelm our volunteers with various documents, we have designed our therapy dog team guide into one document. This will hopefully make the process simple and more efficient for all of our volunteer therapy dog teams.

INTRODUCTION

Rob Kortus, a certified professional dog trainer, graduate of Jo Thor's Dog Trainers' Academy (Advanced Master Dog Educator & Trainer), and therapy dog team handler decided to establish Invisible Paw Prints, Inc. therapy dog organization after writing his book, Invisible Paw Prints and volunteering as a therapy dog team and tester.

Invisible Paw Prints book is the account of Rob Kortus and his experiences with his therapy dog Sophie, visiting adults and children who are battling illnesses. You will feel the positive energy that Sophie the border collie brings into hospitals and nursing homes and how a therapy dog can make a significant difference in often-grim situations. Learn what it takes to become a therapy dog team. Follow therapy dog team Rob and Sophie through their personal and wonderful journey. Sophie will leave behind no paw prints, only trails of human smiles, happiness, hope, and love. She will leave invisible paw prints in every facility she arrives and departs. Some will never know she was there. For those who meet Sophie, they will never forget her.

With your help in becoming a therapy dog team, together we can build a community-based volunteer organization in which our canine companions are used to enhance the lives of children, adults, and seniors from all walks of life and in some instances, dire situations. In other words, providing animal assisted therapy.



MISSION STATEMENT

Invisible Paw Prints is an organization led by compassionate volunteers who use their canine companions to provide heartwarming visits through animal assisted therapy dog visits in support of local community organizations.

VISION STATEMENT

Become the called-on organization to provide therapy dog assistance to various communities throughout the United States today, tomorrow, and into the future.

IPP PRINCIPLES

Pride – Our volunteers take tremendous pride in serving their respective communities in a therapy dog team capacity. We pride ourselves in representing IPP in a most professional and courteous manner, always.

Commitment – At IPP, we are committed to ensuring our volunteers are vetted, tested, and understand our policies to ensure safe and effective volunteer visits with their canine companions.

Quality – Our standards are high. IPP requires a handler's test with oversight by our examiners and if there is no examiner in your area, we require at a minimum of a Canine Good Citizen (CGC) test. We are in a league of our own. IPP is synonymous with the Highest Quality in animal assisted therapy.

Reliability – It seems to be old fashioned nowadays, but we do what we say we're going to do. Our word is our promise, and that applies to being professional and meeting our community's needs. At IPP, we return calls, emails, texts in a timely manner. We will be on time for our scheduled commitments and if not, we will ensure we contact those organizations and notify them. Our volunteers are professional volunteers.

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MEMBERSHIP GUIDELINES

IPP is a dedicated therapy dog team organization who thrives on bringing joy, happiness, and hope to various organizations throughout the USA. Interested volunteers should be driven, excellent dog handlers, and most of all dedicated to the cause of animal assisted therapy.

- Your canine must be a minimum of 6 months old. Younger canines can be approved/waiver provided by the CEO.
- You must be the primary owner or handler (such as family members) of the canine companion. Your canine companion must reside with you at your residence. IPP CEO can approve/waiver if only handler.
- The handler/owner who tests with their canine is the only person permitted to conduct IPP visits. No other person who has not tested can perform IPP therapy dog visitations with the same canine. Any member who is in violation of this policy will be terminated immediately.
- All handlers must be 18 years of age and older (can be waived).
- Handler must not have any felony records.
- CGC is Required **only if an IPP examiner is not available in your region.** Must provide copy of certificate and be valid within 2 years.
- Must provide health records signed by veterinarian. This includes up-to-date vaccinations, annual physical, and negative fecal test (Appendix B).
- Your canine companion must have some basic obedience. This includes being mindful when spoken to. This also means the proper temperament to become a therapy dog.
- Must pass the IPP handlers' exam (Appendix C) if examiner is in your area. Membership annual dues are \$45. Liability insurance coverage is provided.
- Must review the IPP refresher open book written exam once every year (Appendix D) to include prior to testing. This ensures IPP that the volunteer team is performing in a satisfactory manner. This requirement is associated with the annual membership renewal process.
- **If you are a current therapy dog team for another organization, you can become an IPP member immediately without testing depending upon what therapy dog organization you are registered with. IPP will advise you of the requirements to transfer to IPP. You cannot be a member of two or more therapy dog organizations at the same time with IPP. If you are a**

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member of IPP and another therapy dog organization, your liability insurance with IPP is not in effect.

- IPP teams must perform at a minimum of six volunteer days per year at your convenience. Most teams conduct more than six visits a year. This is on the honor system. No tracking to the IPP office is necessary.
- Perspective therapy dog team must sign the Release of Claims for Accidents (Appendix E) before administration of the handler's test.
- Canines must be kept a minimum of five feet apart from one another. In some instances, this may be reduced such as in a small elevator or confined space, therefore, use good common sense.
- **IPP reserves the right to terminate or deny any membership without cause.**

YOUR CANINE MUST MEET THE FOLLOWING CRITERIA:

- Sit calmly and be touched.
- Listen and obey commands from the handler.
- Does not lick excessively.
- Must walk on a leash without excessive pulling.
- Must not have any aggression.
- Must not bark or growl at other dogs or people.
- Must pass the IPP handlers' exam or CGC test if no examiner available.
- Canine must not have any history of aggression or biting.
- Be up-to-date on IPP required vaccinations to include negative fecal results, physical, flea and tick preventative program.

PERMISSIBLE EQUIPMENT CRITERIA:

- All types of collars are authorized with the exception of electronic collars and gentle leaders which are not permitted. Prong collars are only permitted with covers (Etsy makes) or with a covered regular style buckle collar or buckle type collar with prongs attached are permitted (see sample photo Appendix F).
- Treats are permitted while conducting visits as an active IPP member. Treats **are not** allowed during testing.
- **Retractable leashes are not permitted.**

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MEMBERSHIP APPLICATION

The membership application consists of the applicant examination form completed by a qualified IPP examiner. Memberships are based on a one year calendar timeline. Members are responsible for the renewal process by contacting IPP. IPP will send an email reminder to renew. Application is listed in Appendix C.

APPLICANT EXAMINATION

The applicant examination is a Go-No-Go system (Appendix C). You either pass or fail but the examiner will advise you of what specific areas you need to work on should you not pass the handlers exam. This information will help you to pass on the next exam attempt. Once you have remedied the suggested areas to work on, you can reschedule with the examiner at your leisure.

Please note that becoming an IPP therapy dog team is not a certification as a service dog. Service dogs and therapy dogs are two completely different ratings. If you pose as a service dog this is a strict violation of federal laws and a major violation of IPP policy. It is important that you fully understand the difference between the two, so research and understand this critical aspect of the type of “certified” service dogs as opposed to the “registration” of a therapy dog (not a certification).

If there is not an examiner within 2 hours driving distance, you may obtain membership via completion of ALL of the following:

1. Complete questionnaire for No Examiner Available form in Appendix K. Complete Vet verification of vaccinations in Appendix B. Complete open book exam in Appendix D.
2. Complete Canine Good Citizen test by a certified professional dog trainer AKC Canine Good Citizen tester. If already achieved, the CGC test cannot be older than 24 months. If two years has lapsed, the test must be taken again. Must show proof of certificate of completion from AKC. Any charges for services are the responsibility of the applicant.

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3. Provide photo of handler and canine. Provide two references. One of which is your veterinarian.
4. Send all documents to IPP. If approved, IPP will send email to remit annual membership fee of \$45 via PayPal button on website.

ACTIVE MEMBERSHIP

Upon completion of the handler's exam and submission of the IPP membership requirements, you will become a "registered" IPP therapy dog team. You will receive an IPP registered therapy dog team certificate. You will also receive an IPP custom bandanna which is a required item while conducting visits. **You must provide the company name, address, telephone number, email address and point of contact at all facilities you visit as an IPP member via Appendix N.**

Volunteer time requirements: In order to maintain your membership, you must volunteer a minimum of six visits every year. Some therapy dog teams conduct more than this. If you fail to volunteer 6 times per year, your liability insurance is not in effect. Calendar year is your active IPP date and one year thereafter.

Your pet must be well groomed for each visit, in good health and must be current on all required vaccinations. If physical, vaccinations and fecal results are out of date, your membership is placed on an inactive status (no liability insurance coverage) and therefore, you must provide IPP updated documentation to become re-activated. You are responsible for updating all vaccinations and physicals during your membership tenure. **Send copies of vaccinations records to IPP any time your vaccinations/physical/fecal exams are updated. This will ensure IPP keeps your liability insurance active.** Your vet does not need to sign renewal vaccination records, only the first time at testing.

VOLUNTEER TEAM VALUES

IPP solicits those volunteers who are mature and have a good solid work ethic. We also want mature volunteers who have the utmost responsibility. We want volunteers to be on time. If not, a courtesy call to let the organization know you will be tardy. This isn't difficult. IPP therapy dog teams is a

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commitment of time and effort. More importantly, your time and effort will pay off on the wonderful journey you will encounter as a therapy dog team!

DO's & DON'Ts:

- Your therapy dog visit begins when you park your vehicle and when departing in your vehicle.
- Make every attempt to be on time. Your tardiness is a reflection of IPP in the eyes of the staff and people you visit. You are being relied on to show up so do so. If you are tardy, tell your point of contact so they are aware. This is true professionalism and common courtesy.
- Always be friendly and courteous.
- Respect everyone! This includes the staff and non-staff.
- Be understanding of people. Especially those hospitalized.
- Treat fellow IPP teams and other non-affiliated teams with the utmost respect. Always advise other pet therapy teams that per policy you must keep your dog 5 feet away from their dog.
- Never enter a room that states anything similar to “contact precautions.” If unsure, ask the staff!
- Do not take any photos without consent from the stranger (verbal okay). If the stranger is under 18, consent must be in written form (Appendix I) from the parents/guardians.
- You should always stay with your canine. Never let someone else tend the leash. The only time your canine can be off-leash is during a trick routine but the canine must be in control all of the time.
- Other family members or friends cannot tend the leash and act as the therapy dog team handlers. ONLY those tested with the dog are registered therapy dog teams.
- Talking/texting on cell phones while on a visit is PROHIBITED!
- Don't make the visit about you! It's not about you, it is about your canine companion!
- Most importantly, have FUN!

GENERAL VISIT REQUIREMENTS

The length of stay for an IPP animal-assisted therapy visit is usually one hour. Allow time before and after the visit for your pet to rest.

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MEMBERS WITH MULTIPLE CANINES

Bringing multiple therapy dogs to an organization is not permitted. Any requests to do so must be approved by IPP.

TEENAGE HANDLERS

IPP does not permit teenage handlers under the age of 18. All handlers must be 18 years of age or older. IPP CEO can approve waiver case by case.

INSURANCE

IPP will maintain liability insurance (Appendix H) that covers participation in official IPP volunteer participation. The liability policy will cover injuries to others and facility property damages in connection with your pet's visit. This does not cover YOU or injuries to you yourself.

IPP insurance policy does not cover IPP teams themselves for any incidents occurring at programs and events outside of IPP. It MUST be in the capacity of a valid volunteer visit as an IPP member therapy dog team.

If you fail to renew your membership, not meet the volunteer six times per year visits, do not maintain up-to-date veterinarian requirements or are a member of another therapy dog organization (dual membership including IPP not permitted), fail to use bandanna, insurance coverage is cancelled/not valid immediately. Any claims filed and investigations reveal that you did not follow IPP guidelines, you can be held responsible for any costs associated and paid by IPP.

If an incident occurs, notify the organization staff you volunteer for immediately. Call IPP (828-545-0445 or email at invisiblepawprints2016@gmail.com) with details. IPP will send an incident form to be filled out by the IPP therapy dog team.



HEALTH CARE & RETIREMENT FACILITIES

The majority of IPP therapy dog teams select health care or retirement home facilities. It is imperative to understand the organizations policies and procedures. In most cases, you will go through a volunteer application process to include an orientation process. You need to follow all policies set forth by all organizations you volunteer for. One of the requirements is an observation in one of these facilities and the examiner will guide you through the process. We will teach you how to navigate through a complex. Then you will conduct this on your own.

VISIT PREPARATION

IPP therapy dog teams must do the following: The following items are required to accompany you on your visits. These items do not have to be carried with you but at a minimum in your vehicle with the exception of poop bags/ID cards. Carry poop bags and ID card with you on all visits.

- water and a bowl
- poop bags
- towel or paper towels for any additional cleanup
- vaccination records (if not on file already with your volunteer office)
- IPP ID card

VOLUNTEER TEAM GUIDELINES

- Never allow your pet to be off leash during a visit at a facility unless performing tricks. **Maintain control of your pet at all times**, including where the visit begins in the parking lot and outdoor areas until the visit is completed back in your vehicle. Only time off leash is when your canine is performing tricks but must be obedient enough to come when called and not wander off when off leash.
- Small dogs (14 pounds and under) should be able to lie quietly in someone's lap without wiggling.
- Towels, blankets or lap pillows are to be used whenever an animal is placed in a client's lap or on a bed. You should familiarize your pet to these items prior to your visit. Recommend using facilities blankets/sheets/pillows.

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- Medium sized dogs (49 pounds and under) may be permitted to lay on a chair or bed (only if facility permits). **Be cautious of seniors, their skin is fragile.**
- Do not allow another person to hold your pet's leash even if you are visiting a restroom facility.
- Pets must always be clean and well-groomed to include well rounded manicured nails to prevent any scratches on a person. Additionally, pets must be on a flea and tick regime.
- If your pet is ill or if you are ill, do not go or take your pet to an organization. Use good common sense.

ATTIRE AND EQUIPMENT

The appearance of members must be clean and neat. Some organizations may require specific attire. IPP permits jeans but if an organization does, not, do not wear them. Ensure you follow their guidelines.

The custom bandanna is MANDATORY for all IPP visits. You are NOT permitted to use the bandanna when NOT conducting formal IPP visits. Using the IPP bandanna for un-official IPP volunteer visits or with a non-registered canine is strictly prohibited. Replacement bandannas are \$30 (includes shipping).

IPP EXAMINERS

IPP examiners must have a minimum of 6 months' experience as a therapy dog team with a minimum of 6 visits in that 6-month period. Waivers can be obtained due to dog handlers experience but must be approved on a case-by-case basis with IPP. Submit to become an IPP Examiner using the request form in Appendix G. (Due to dog training and therapy dog testing experience, the CEO and Founder of IPP is authorized to test his own canine companions). Testers from other organizations are accepted on a case by case basis. These testers will undergo an interview for qualification as IPP examiner. Certificates or proof of tester is required in all cases.

Examiners can charge for testing to cover travel expenses or simply provide the service for free as a volunteer. Examiners can charge no more than \$25 per test.

APPENDIX A

CGC Test Items And Pledge

(Source: <http://www.akc.org/cgc-pledge/>)

The CGC test is **ONLY** required when an IPP examiner is not available in your area. The tester must fill out the form in Appendix J. If an examiner is in your area, you do not need the CGC test. The CGC Program teaches good manners to dogs and responsible dog ownership to their owners. The 10-step Canine Good Citizen test is a non-competitive test for all dogs, including purebreds and mixed breeds. The CGC award is a prerequisite for many therapy dog groups. Some homeowner's insurance companies are encouraging CGC testing, and an increasing number of apartments and condos require that resident dogs pass the CGC test. The CGC Program also includes the AKC CGCSM Responsible Dog Owner Pledge.

THE CGC TEST INCLUDES:

1. [Accepting a friendly stranger](#)
The dog will allow a friendly stranger to approach it and speak to the handler in a natural, everyday situation.
2. [Sitting Politely for Petting](#)
The dog will allow a friendly stranger to pet it while it is out with its handler.
3. [Appearance and Grooming](#)
The dog will permit someone to check its ears and front feet, as a groomer or veterinarian would do.
4. [Out for a Walk \(walking on a loose lead\)](#)
Following the evaluator's instructions, the dog will walk on a loose lead (with the handler/owner).
5. [Walking Through a Crowd](#)
This test demonstrates that the dog can move about politely in

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pedestrian traffic and is under control in public places. The dog and handler walk around and pass close to several people (at least three).

6. [Sit and Down on Command and Staying in Place](#)

The dog must do sit AND down on command, then the owner chooses the position for leaving the dog in the stay.

7. [Coming When Called](#)

This test demonstrates that the dog will come when called by the handler (from 10 feet on a leash).

8. [Reaction to Another Dog](#)

This test demonstrates that the dog can behave politely around other dogs. Two handlers and their dogs approach each other from a distance of about 20 feet, stop, shake hands and exchange pleasantries.

9. [Reaction to Distraction](#)

The evaluator will select and present two distractions such as dropping a chair, etc.

10. [Supervised Separation](#)

This test demonstrates that a dog can be left with a trusted person, if necessary, and will maintain training and good manners. Evaluators are encouraged to say something like, "Would you like me to watch your dog?" and then take hold of the dog's leash. The owner will go out of sight for three minutes. The dog does not have to stay in position but should not continually bark, whine, or pace unnecessarily, or show anything stronger than mild agitation or nervousness. Evaluators may talk to the dog but should not engage in excessive talking, petting, or management attempts (e.g, "there, there, it's alright").

AKC CGCSM Responsible Dog Owner's Pledge

1. I will be responsible for my dog's health needs. These include: routine veterinary care including check-ups and vaccines adequate nutrition through proper diet; clean water at all times daily exercise and regular bathing and grooming
2. I will be responsible for my dog's safety.
3. I will properly control my dog by providing fencing where appropriate, not letting my dog run loose, and using a leash in public.
4. I will ensure that my dog has some form of identification when appropriate (which may include collar tags, tattoos, or microchip ID).
5. I will provide adequate supervision when my dog and children are together.
6. I will not allow my dog to infringe on the rights of others.
7. I will not allow my dog to run loose in the neighborhood.
8. I will not allow my dog to be a nuisance to others by barking while in the yard, in a hotel room, etc.
9. I will pick up and properly dispose of my dog's waste in all public areas such as on the grounds of hotels, on sidewalks, parks, etc.
10. I will pick up and properly dispose of my dog's waste in wilderness areas, on hiking trails, campgrounds and in off-leash parks.
11. I will be responsible for my dog's quality of life.
12. I understand that basic training is beneficial to all dogs.
13. I will give my dog attention and playtime.
14. I understand that owning a dog is a commitment in time and caring.

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APPENDIX B

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Invisible Paw Prints
Attn: Rob Kortus
10016 Casa Nuestra Drive
Charlotte, NC 28214
828-545-0445

Invisible Paw Prints Veterinarian Health Records Check (2 pages)

Full Legal Name: _____

Canine Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Cell Phone: _____

Veterinarian

Veterinarian: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone: _____

(page 1 of 2)

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I hereby confirm the below vaccinations, health check (annual physical), and fecal matter (within one year) for the above-named canine:

Rabies: _____ Annual Physical: _____ Fecal Matter: _____

Initial vaccinations: Distemper: _____ Hepatitis: _____ Parvovirus: _____

Flea/Tick preventative program: _____

Veterinarian Printed Name: _____

Veterinarian Signature: _____ Date: _____

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APPENDIX C

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Invisible Paw Prints
Attn: Rob Kortus
10016 Casa Nuestra Drive
Charlotte, NC 28214
828-545-0445

Application for Therapy Dog Team Examination

Full Legal Name: _____

Canine Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Cell Phone: _____

1. *Have you ever been convicted of a felony? Yes: _____ No: _____ If convicted, a background check will be implemented and paid by the applicant.
2. *Has your canine ever bitten a person or another canine? Yes: _____ No: _____ If yes, provide a written statement to include witness's names and telephone numbers for IPP to investigate.

*The handlers test and observation will be put on hold until the above is investigated and approved by IPP to move forward with the application process.

For IPP Admin Purposes Only

Felony records check completed and recommendation is to allow applicant to continue: Yes: ___ No: ___

Investigation into canine bite(s) and recommendation is to allow applicant to continue: Yes: ___ No: ___

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Invisible Paw Prints (IPP) Applicant Examination

Handlers Test (both observations must be in medical facility)

Handlers test (handlers test and introductory observation can be held on same day)

Introductory observation (taught by examiner; examiner educates handler on visitation)

- Handler works and interacts with people in a personable and friendly manner.
- Canine companion is calm and accepting of people and moving objects such as wheelchairs, walkers, etc.
- Handler operates with canine in an effective and efficient manner and makes corrections when necessary.
- Canine responds to all commands/corrections provided by handler.

Pre-exam Documentation Requirements (circle Y or N) Must have before exam!

Did applicant bring the following documentation for the exam (signed by veterinarian):

1) Proof of rabies vaccination ----->	Y	N	
2) Proof of annual physical/Flea and tick program----->	Y	N	
3) Proof of negative fecal exam within last year ----->	Y	N	
4) Proof of initial vaccinations: Distemper, Hepatitis, Parvovirus ----->	Y	N	

Bring all of the above documents with you to the examination

Examiner Approaching Applicant & Canine

Go No-Go N/A

Handler is friendly and courteous during entire examination

Canine is calm and friendly when approached (no ears pinned back, no nervousness)

Canine is calm and friendly when touched on various parts of the body (ears, paws, back)

Handler is dressed appropriately and both handler and canine are clean and well-groomed

Handler/Canine Test (handler can provide commands at any time)

Go No-Go N/A

Canine walks by handler's side (no excessive pulling on leash)

Canine makes left and right turns alongside handler

Canine sits or stands after handler comes to full stop (examiner may tell applicant to sit dog)

Canine sits or stands for 15 seconds alongside handler with and without distractions

Canine sits or stands calmly with additional canine passing by (canines must always be 5' apart)

Handler easily understood all instructions during handlers test

Handler praises canine (not required but annotate if handler praised)

Handler adhered to all IPP guidelines

Approaching Canine with Canine (canine does not growl, bark, nor show any aggression)

Go No-Go N/A

Examiner approaches applicant with canine; testing canine remains calm

Examiner uses crutches, wheelchair or walker near canine; canine remains calm

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Examiner walks by canine at a brisk walk; canine remains calm			
Examiner walks by canine slowly and erratic; canine remains calm			
Small canine (14 pounds and under) is calm when held in examiners hands and lap (doesn't want to leave to go back to owner; MUST NOT show separation anxiety from handler)			
Canine Approaching Stranger (Canine does not get nervous nor excessively lick)	Go	No-Go	N/A
Canine approaches stranger; Canine sits calmly			
Canine approaches stranger and stranger touches canine; Canine sits calmly (no fear or nervousness)			
#1 Observation Items (discussion items reviewed by examiner)	Go	No-Go	N/A
Facility grounds: Areas to potty, place trash, take walks, dispose of potty, etc.			
Entering facility: Canines in elevators; keeping canines away from dining (food) areas; using bathroom with your canine; food/pills on floor; Sign in sheet?			
Entering room/approaching person; "Would you like a therapy dog visit?" Contact precautions (do not enter room signs).			
Placing canine alongside chairs, wheelchairs, beds, on top of beds (weight restrictions/org policy).			
Handler is in control of their canine?			
Canine is calm and attentive to handler and stranger(s)?			
Small canine 14 pounds and less sits quietly in stranger's lap (no anxiety).			
Handler exhibited good situational awareness and was safe.			
Departure from facility: Sign out sheet?			
Any signs of aggression or barking is immediate failure and remove team from facility.			
Examiners Printed Name: _____ Examiners IPP Examiner ID#: _____ Examiners Signature: _____ Date: _____			
Applicant: I have read and understand all items contained in the IPP Member Guidelines:			
Applicant Printed Name: _____	Applicant Signature: _____	Date: _____	
Open Book Test Items (Examiner can discuss with team member)	Go	No-Go	N/A
1) How far apart does your canine need to be from other canines at all times?			
2) Are you permitted to enter an elevator with your canine and another canine?			
3) How many visits per year are you required to make?			
4) Can you use a different bandanna other than the IPP bandanna on therapy dog visits?			
5) Are you permitted to use the IPP bandanna outside of therapy dog volunteer visits?			

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6) What does “contact precautions” mean in a hospital setting? Can you enter that room?			
7) Are you permitted to take photos of people in the organization you volunteer for?			
8) What items are you required to have with you at all times (in a bag or vehicle)?			
9) If an incident occurs at a facility, i.e., dog scratches a patient, what are your actions?			
10) Are you required to attend volunteer orientations at facilities?			
11) What is the procedure if you miss your six-visitation requirement?			
12) Are you covered by the liability insurance if you miss your six-visitation requirement?			
13) At what weight limit is a dog permitted to sit on a bed or chair?			
14) What types of collars are not permitted?			
15) Whose overall responsibility is it to ensure the safety and well-being of the canine?			
16) Is it permissible to have someone else hold the leash while you attend the restroom?			
17) When does the therapy dog visit start and end?			
18) Are you covered by liability insurance if you are not using your IPP bandanna?			
19) Is a therapy dog same as a service dog? What is the difference?			
20) Are you covered by liability insurance if your vaccination records are past due?			
21) Are you required to submit the facility name and address you are taking your therapy dog to IPP?			
22) Can you use your IPP custom bandanna on a non-registered canine?			
Examiners Comments:			
Go or No-go Results Examiners Signature and Date: _____	Go	No-Go	N/A
Membership payment is made via PayPal donation button on website in the amount of \$45 for annual membership fee. Once payment is received, IPP will mail your certificate, ID card, and custom IPP bandanna.			
If the examination results in a No-Go, applicant can retest in 30 days. “No-go” as well as “Go” examination forms must be submitted to IPP office via email. Please scan and email final results to: invisiblepawprints2016@gmail.com			



APPENDIX D

Open Book Written Exam Items (applicant must answer 100% correctly) for Annual Membership/Renewal/No Examiner Available/Transfer
1. How far apart does your canine need to be from other canines at all times?
2. Are you permitted to enter an elevator with your canine and another canine?
3. How many visits per year are you required to make?
4. Can you use a different bandanna other than the IPP bandanna on therapy dog visits?
5. Are you permitted to use the IPP bandanna outside of therapy dog volunteer visits?
6. What does “contact precautions” mean in a hospital setting? Can you enter that room?
7. Are you permitted to take photos of people in the organization you volunteer for?
8. What items are you required to have with you at all times (in a bag or vehicle)?
9. If an incident occurs at a facility, i.e., dog scratches a patient, what are your actions?
10. Are you required to attend volunteer orientations at facilities?
11. What is the procedure if you miss your 6-visitation requirement?
12. Are you covered by the liability insurance if your vaccinations/physical/fecal are overdue?
13. At what weight limit is a dog permitted to sit on a bed or chair?
14. What types of collars are not permitted?
15. Whose overall responsibility is it to ensure the safety and well-being of the canine?
16. Is it permissible to have someone else hold the leash while you attend the restroom?
17. When does the therapy dog visit start and end?
18. Are you covered by liability insurance if you are not using your IPP bandanna?
19. Is a therapy dog same as a service dog? What is the difference?

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20. Are you covered by liability insurance if your vaccination records are past due?

21. Are you required to complete the open book test when renewing your membership?

22. Can you use your IPP custom bandanna on a non-registered canine?

After completion, scan, copy and email this form along with annual membership renewal payment to the IPP office at www.invisiblepawprints2016@gmail.com



APPENDIX E

WAIVER OF LIABILITY INVISIBLE PAW PRINTS (IPP) WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to participate in the INVISIBLE PAW PRINTS handlers exam, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE IPP, the Board of Trustees of IPP, their officers, agents, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law
2. I am fully aware of the risks and hazards connected with the activities of handling a canine around with people and places, and I am aware that such activities include the risk of injury, and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous to my property and me. I understand that IPP does not require me to participate in this activity. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my participation in said activities, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.

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4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of my permanent residence and that any mediation, suit, or other proceeding must be filed or entered into only in Maryland and the federal or state courts of Maryland. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have signed this Waiver and Agreement on this _____ day of _____, 20_____.

WITNESS:

PARTICIPANT:

(print)

(print)

(signature)

(signature)

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APPENDIX F

Approved Prong Style Buckle Collar (prong collar must be covered)





APPENDIX H

The liability insurance form will be provided once IPP membership has been acquired and an organization requests a copy. Then, the IPP main office will send a copy to the organization.



APPENDIX I

Invisible Paw Prints, Inc. Photo Release Form

I hereby grant Invisible Paw Prints Inc. permission to use my likeness in photographs and/or video in any and all of its publications, including Web site, and in any and all other media, whether now known or hereafter existing, **controlled by Invisible Paw Prints, Inc.**, in perpetuity, and for other use by the Invisible Paw Prints, Inc. I will make no monetary or other claim against Invisible Paw Prints for the use of the photographs and/or video.

Name (print full name) _____

Signature _____ Date _____

Parent's Signature (if grantor is under 18) _____

Date _____

Address _____

Telephone _____

Requested by _____

Date _____

Event Location _____



APPENDIX J

Invisible Paw Prints AKC CGC Tester Form

I _____ hereby confirm that the following dog owner/handler
(name of AKC CGC tester)
_____ has completed the AKC CGC test.
(name of person and canine testing)

Fill in circle: Passed Failed

The AKC required forms have been signed and mailed to AKC for the CGC certificate.

AKC CGC Tester Name (print) _____

AKC CGC Tester ID #: _____

Name of person testing: _____ Dogs Name: _____

AKC CGC Tester Signature _____ Date _____

Name of person testing: Signature _____ Date _____



APPENDIX K

No Examiner Available Questionnaire

In order to apply for IPP membership when there is no examiner available within a 2-hour drive, the following questionnaire must be filled out in its entirety.

All documents submitted must be in a typed format and submitted in either Word or PDF formats.

1. Full Legal Name: _____
2. Address: _____
3. Cell: _____ Email address: _____
4. Explain why you would like to become an IPP therapy dog team on a separate sheet.
5. Submit two references (no family members) as shown in Appendix O. **One must be from a veterinarian.** The references must indicate how well you work with your canine companion and your canine companion's demeanor. Include: name, address, email address, signature, and phone number of each reference. They must indicate the affiliation with you i.e., friend, colleague, etc. Have the references send their responses in any format to invisiblepawprints2016@gmail.com.
6. Completion of the Canine Good Citizen test. Must provide copy of certificate.
7. Provide all required veterinarian documents Appendix B.
8. Have you ever participated in formal dog obedience training (basic obedience training not required)? _____
9. If so, where? _____
10. Did your canine graduate? _____ If so, submit copy of training certificate.
11. Does your canine exhibit aggression of any type to people or other canines? _____
12. Complete open book examination Appendix D.
13. Have you ever been convicted of a felony? _____
14. Have you ever been denied any type of pet? _____

By signing below, I certify that all information is true and correct to the best of my knowledge:

Print name: _____ Signature: _____ Date: _____

For IPP use only: Approval/Disapproval: _____ Date: _____

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APPENDIX L

Custom Bandanna Images





APPENDIX M

IPP Examiner's Guide

Contact the IPP office for Form



APPENDIX N

Notification of Therapy Dog Team Facility Choice

All members must fill out this form and send to IPP (invisiblepawprints2016@gmail.com) before visits commence. This will allow IPP to contact the organization and provide any additional information the organization may require directly from IPP to include verification of liability insurance.

Failure to have this on file with IPP will result in no liability coverage for the IPP therapy dog team at that specific facility.

This form will also provide help IPP add to their list of therapy dog friendly organizations and share with other and new IPP members.

IPP Therapy Dog Team (full name): _____

Canine: _____

IPP Therapy Dog Team ID Number: _____

Organization visiting: _____

Address: _____

Address: _____

City: _____

State: _____

Telephone: _____

Point of contact at organization: _____

Point of contact email: _____



APPENDIX O

Letter of References for Invisible Paw Prints Therapy Dog Team

In order to apply for IPP membership **when no examiner is available in your area**, potential members must provide two references to IPP for evaluation and completion of their application process. I thank you ahead of time for taking the time to assist this future therapy dog team. Please fill out the below form in its entirety and sign and date as indicated. Please email to: invisiblepawprints2016@gmail.com.

1. Full Name: _____
2. Organization: _____
3. Address: _____
4. Cell: _____ Email address: _____
5. What is your relationship with applicant? _____
6. How long have you known applicant? _____
7. Are you familiar with applicant's canine and if so, how long? _____
8. Have you ever seen canine exhibit aggressive behavior in any situation? If so, explain here:

9. Would you recommend this applicant to become a therapy dog team and if not, why not?

10. Does the applicant work well with the canine? If not, why not?

11. Is the applicant's dog in your view obedient in most cases? If not, why not?

12. By signing below, I certify that all information is true and correct to the best of my knowledge:

Print name: _____
Signature: _____ Date: _____