



**CAROLINAEAST MEDICAL CENTER**

**APPLICATION FOR PARTICIPATION**

**CANINE VISITATION PROGRAM**

**"THERA-PAWS –FUR-APY AT ITS BEST"©**

**OWNER/HANDLER INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE:** (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DOG(S) INFORMATION**

**NAME(S):** \_\_\_\_\_  
\_\_\_\_\_

**AGE(S):** \_\_\_\_\_

**BREED(S):** \_\_\_\_\_

**VETERINARIAN:** \_\_\_\_\_  
(include address  
and phone) \_\_\_\_\_

\_\_\_\_\_

**SPECIAL  
TRAINING  
OR  
CERTIFICATION:**

**(Specify agency  
and year and provide  
copy of certification) \***

\_\_\_\_\_

**\* Proof of successful completion of the American Kennel Club (AKC) "Canine Good Citizen" training is required for participation in program.**

**INSURANCE :**  
**(Homeowners  
Policy or Other, if  
any, that covers  
dog(s) – specify  
company, agent,  
and policy number)**

\_\_\_\_\_

**VISITATION  
AVAILABILITY:**  
**(Specify any special  
time or considerations  
that would affect  
availability for  
visitation)**

\_\_\_\_\_

**OTHER  
INFORMATION:**  
**(Please provide any  
additional information  
relating to Handler  
or Dog(s) that may  
be pertinent or of  
interest)**

**I have read and agree to abide by the policies and procedures of CarolinaEast Medical Center and its affiliated entity CarolinaEast Rehabilitation Hospital relating to the Canine Visitation Program.**



**I have attached or will hereafter provide the completed forms required for participation in the Canine Visitation Program:**

- 1. Thera-Paws Canine Visitation Program Health Screening Form [NOTE: This form must be completed by veterinarian and submitted as part of application.]**
  
- 2. Thera-Paws canine Visitation Program Animal Visit Health Screening Form. [NOTE: This form is to be provided within 48 hours prior to initial visit and each and every subsequent visit.]**

\_\_\_\_\_  
**Signature of Owner/Handler**

\_\_\_\_\_  
**Print Name of Owner/Handler**

\_\_\_\_\_  
**Date**

**Please return this completed application to the Manager of Volunteer Services at CarolinaEast Medical Center – Carol Villarreal (Telephone: 252-633-8127; Fax No.: 252-633-8144).**



## CAROLINA EAST MEDICAL CENTER

### CANINE VISITATION PROGRAM

#### "THERA-PAWS -FUR-APY AT ITS BEST"©

CarolinaEast Medical Center is pleased to announce its implementation of a canine visitation program called "Thera-Paws – Fur-apy at its Best"©, that will be piloted in the Medical Center's CarolinaEast Rehabilitation Hospital and will be conducted under the direction of the Therapy Manager of that unit.

After initial implementation of the program and depending on the results thereof, the program may eventually be expanded to other Medical Center departments and areas.

The program will be implemented in accordance with policies and procedures established by the Medical Center. See a copy of policy enclosed.

Interested persons who wish to apply for participation in the program must satisfy the following requirements:

1. Become member of the CarolinaEast Health System Auxiliary by completing an application and attending volunteer orientation. An application form for the Auxiliary is included in this packet. Further information about Auxiliary membership may be obtained from Ms. Carol Villarreal Manager of Volunteer Services (Telephone: 252-633-8127).
2. Submit an application for the Canine Visitation Program. An application form is included in this packet.
3. Submit the following additional forms or information:

- (a) "Thera-Paws© Annual Health Screening Form" – to be completed by a veterinarian. A copy of form is included in this packet.
  - (b) "Thera-Paws© Animal Visit Health Screening Form" – to be completed by owner/handler within 48 hours prior to initial visit and each subsequent visit. A copy of form is included in this packet. Additional copies of form will be made available by the Medical Center to program participants.
  - (c) Proof of successful completion of American Kennel Club (AKC) "Canine Good Citizenship" training. A copy of information about this training is included in this packet. Additional information about this training and persons who are qualified to provide training in local area can be obtained from the AKC website at [cgc@akc.org](mailto:cgc@akc.org).
4. Once an owner/handler and canine are accepted for participation in the program, the Medical Center will provide the owner/handler with a special identification badge that must be worn at all times while visitation is in progress.

The Medical Center will also provide a special identification badge and special identifying apparel – i.e. a cape bearing the Medical Center logo and identifying the canine as a participant in the program – both of which must be worn by the canine at all times while visitation is in progress. Owners/handlers will be responsible for laundering the capes prior to each visit.

5. Questions or requests for further information about the program may be directed to the following Medical Center staff members:

Ms. Carol Villarreal  
Manager of Volunteer Services  
CarolinaEast Medical Center  
Telephone: 252-633-8127

Ms. Amy Burdulis  
Therapy Manager  
CarolinaEast Rehabilitation Hospital  
Telephone: 252-633-8020

**“Thera-Paws – Fur-apy at its Best”<sup>©</sup>**  
**Canine Visitation Program**  
**Animal Visit Health Screening Form**



Owner is to complete this form. Please bring completed form with you for each visit.

Owners name: _____	Telephone number: _____
Address: _____	
_____	
Dog's name _____	

***Place a check mark by statements which are true***

To the best of my knowledge, this animal:

Is free from fleas, ticks and mange

Is being maintained on flea prevention and heartworm prevention regimens

Has not been fed any raw or dehydrated (but otherwise raw) foods, chews, or treats of animal origin within the past 90 days

Has been bathed within the last 24 hours

Is wearing a freshly laundered cape (within the last 24 hours)

***Please mark the boxes below if this dog has had any of these symptoms within the last 7 days:***

episodes of vomiting or diarrhea

urinary or fecal incontinence

episodes of sneezing or coughing of unknown or suspected infectious origin

treatment with nontopical antimicrobials or any immunosuppressive doses of medications

open wounds

ear infections

skin infections or “hot spots”

demonstrating signs of heat

fever

Owner's Signature

Date



## ORGANIZATIONAL POLICY

SUBJECT: Canine Visitation Program ("Thera-Paws – Fur-apy at its Best"©)

NUMBER: 100.64    REVIEWED: 02/24/14    EFF.DATE: 03/11/10    PAGE: 1 of 5

PREPARED BY: Administration    APPROVED: G. Raymond Leggett III, President/CEO

A handwritten signature in black ink, appearing to read "G. Raymond Leggett III", is written over the printed name of the President/CEO.

### PURPOSE

To maximize the benefits of animal visitation at CarolinaEast Medical Center through an established canine visitation program ("Thera-Paws - Fur-apy at its Best"©) while maintaining a safe environment for patients, visitors, and staff. To allow specially trained, screened, and otherwise qualified canines (dogs) to visit with appropriate patients in accordance with applicable Infection Prevention, Risk Management, and other CarolinaEast policies, procedures, and guidelines.

***This policy does not allow for or apply to personal pet visits with patients. Such visits are prohibited at CarolinaEast Medical Center.***

***This policy is limited to canine (dog) visitation and does not apply to any other animals.***

### POLICY

Canines who participate in the program will be appropriately trained, screened, and otherwise qualified in accordance with standards specified by CarolinaEast and will be permitted to visit individual patients only in designated patient care areas as determined by CarolinaEast and in accordance with policies, procedures, and guidelines established by CarolinaEast Medical Center.

Canines and their handlers who participate in the program must be members of CarolinaEast Medical Center's Volunteer Services and must complete orientation and re-orientation requirements relating to performing volunteer activities at CarolinaEast.

### RESPONSIBILITY

The CarolinaEast Rehabilitation Hospital Therapy Manager and/or designated CarolinaEast Rehabilitation Hospital staff members, with assistance from designated personnel in other units or areas, as appropriate, will be responsible for coordinating

and overseeing implementation of canine visitation for selected inpatients and outpatients.

QUALIFICATIONS/REQUIREMENTS FOR CANINES

1. Canines will be certified by a program that satisfies requirements specified by CarolinaEast and its professional/general liability insurer. For purposes of this policy, the American Kennel Club (AKC) "Canine Good Citizen" program has been designated as the certification program. This certification requirement may also be satisfied by current certification with either Therapy Dogs International or Delta Society.

Documentation of training and certification will be provided to and maintained by the CarolinaEast Volunteer Services Manager.

2. Canines must successfully complete an annual initial health and behavior screening performed by a qualified veterinarian. The veterinarian who performs the screening will complete the "Thera-Paws"© Canine Visitation Program Annual Health Screening Form". (Attachment No. 1). The completed form will be submitted to and maintained by CarolinaEast Volunteer Services Manager or his/her designee.
3. Prior to each visit, canines must also have submitted on their behalf a completed "Thera-Paws© Canine Visitation Program Animal Visit Health Screening Form" (Attachment No. 2) that will be approved by the CarolinaEast Rehabilitation Hospital Therapy Manager.
4. Canines must be maintained on a continuous appropriate flea and heartworm preventative regimens as documented on health check form. Flea preventive treatment must be implemented within 48 hours prior to each visit.
5. Canines must wear approved identification apparel and badges provided by CarolinaEast at all times when they are in CarolinaEast Medical Center. The apparel must be laundered prior to each visit to CarolinaEast Medical Center.
6. Canines must have and maintain good general hygiene with regard to teeth, breath, ears, etc. and must be bathed and groomed within 24 hours prior to each visit to minimize soiling, infection, and shedding.
7. Canines must remain on a leash and subject to control of handlers throughout the time they are in CarolinaEast Medical Center.



SUBJECT: Canine Visitation Program ("Thera-Paws – Fur-apy at its Best"©)

NUMBER: 100.64    REVIEWED: 02/24/14    EFF.DATE: 03/11/10    PAGE: 3 of 5

8. Canines may not enter rooms with open food trays, open medications, or while a patient care procedure is in progress, and may not go to any area(s) where food and medications are prepared.

QUALIFICATIONS/REQUIREMENTS FOR CANINE OWNERS/HANDLERS

1. Owners/Handlers must apply for and satisfy requirements for membership in the CarolinaEast Health System Auxiliary.
2. Owners/Handlers must apply for participation in program by completing program application and providing pertinent information required as part of application.
3. Owners/Handlers must notify the CarolinaEast Rehabilitation Hospital Therapy Manager at least 48 hours in advance of a proposed visit to schedule the visit. Owners/Handlers must complete the "Thera-Paws© Canine Visitation Program Animal Visit Health Screening Form" prior to each scheduled visit. The completed form must be submitted to the CarolinaEast Rehabilitation Hospital Therapy Manager for approval prior to each scheduled visit.
4. Owners/Handlers and canines who are approved for a scheduled visit must enter through the main entrance of CarolinaEast Rehabilitation Hospital and check in at the reception desk in that area.
5. Owners/Handlers must maintain appropriate hand hygiene prior to and after each individual patient visit, and must comply with applicable policies, procedures, infection prevention, and other guidelines.
6. When visits are made to patients in the Crossroads Unit, the behavioral health unit of CarolinaEast, owners/handlers must cooperate with and be supervised by a designated staff member from that unit throughout the time each visit is in progress.

QUALIFICATIONS/REQUIREMENTS FOR STAFF

1. The CarolinaEast Volunteer Services Manager will maintain the "Thera-Paws© Canine Visitation Program Annual Health Screening Forms", and will coordinate with and provide pertinent information to CarolinaEast Rehabilitation Hospital Therapy Manager.
2. The CarolinaEast Rehabilitation Hospital Therapy Manager (tele: 252-633-8020) will schedule and coordinate visit times after necessary volunteer orientation or

SUBJECT: Canine Visitation Program ("Thera-Paws – Fur-apy at its Best"©)

NUMBER: 100.64    REVIEWED: 02/24/14    EFF.DATE: 03/11/10    PAGE: 4 of 5

re-orientation is completed and other prerequisites for participation in the program are satisfied.

3. The CarolinaEast Rehabilitation Hospital therapy staff, in conjunction with individual patient health care providers, will identify patients who may benefit from participation in the program and obtain and appropriately document consent from the patient or authorized representative prior to scheduling visit.
4. The CarolinaEast Rehabilitation Hospital Therapy Manager with cooperation from other staff members, as appropriate, will facilitate the visitation process to maximize benefit for patient.
5. CarolinaEast reserves the right to terminate a visitation or to refuse to permit participation or continued participation by an owner/handler or canine in the program at any time for failure to satisfy program participation requirements or where such action is necessary to protect the safety and well-being of CarolinaEast patients, staff, or property.

PATIENT SELECTION/GUIDELINES

- The CarolinaEast Rehabilitation Hospital Therapy Manager, in conjunction with individual patient care providers, will identify those patients who may benefit from and be eligible for participation in the canine visitation program.
- Patients must give verbal consent to participate in the canine visitation program. Such consent will be confirmed prior to scheduling each visit. Documentation of such consent will be placed in patient's medical record (Interdisciplinary Progress Notes).
- Patients will maintain proper hand hygiene and follow appropriate infection prevention guidelines and must wash their hands after each canine visit.
- Patients may elect to withdraw from the program or decline a visit or continuation of a visit at any time.
- Patients in critical care units, operating rooms, or procedural areas (e.g. endoscopy, intensive care, outpatient surgery, etc.) **will not be** eligible for participation in the canine visitation program.
- Contraindications for canine visitation include, but are not limited to, the following:

SUBJECT: Canine Visitation Program ("Thera-Paws – Fur-apy at its Best"©)

NUMBER: 100.64    REVIEWED: 02/24/14    EFF.DATE: 03/11/10    PAGE: 5 of 5

- a. Immunocompromised patients who are neutropenic, post-transplant, have open sores on exposed areas of skin, have end stage HIV disease or immunoglobulin deficiencies as documented in the patient's medical record;
- b. Patients who exhibit or have documented aggressive behavior;
- c. Patients on isolation precautions;
- d. Patients with allergies and/or phobias to dogs; and/or
- e. Patients the CarolinaEast Rehabilitation Therapy Manager and/or other care providers do not believe are appropriate for canine visitation.
- f. Owners/handlers are responsible for ensuring that visiting canines do not come into contact with sites or areas where patient invasive devices or medical equipment are installed or in place, open or bandaged wounds, surgical incisions, or other open skin sites or areas.

#### INSURANCE AND EVENT REPORTING

As part of the application for participation in the program, owners/handlers of canines shall be requested to provide information about insurance coverage, if any, that applies or may apply to the owner/handler and/or canine participating in the program.

Unanticipated or adverse events that occur in connection with implementation of the canine visitation program will be reported and handled in accordance with CarolinaEast policies and procedures relating to occurrence reporting (see Organizational Policy 100.12 - Occurrence Reporting, Investigation and Analysis [Patients and Visitors]).

## Appendix

### Checklist of Requirements "Thera-Paws – Fur-apy at its Best"© Canine Visitation Program (Handlers, Canines, Patients and Staff Members)

#### Handlers and Canines

- Apply for and maintain membership in the CarolinaEast Health System Auxiliary and complete necessary orientation for membership; in order to maintain membership, annual reorientation must be completed; handler will receive special badge issued by Auxiliary to be worn by handler during all visits;
- Submit a completed application for participation in the program. Application should include the following items:
  - Proof of certification from AKC "Canine Good Citizen" program (or Therapy Dogs International or Delta Society);
  - "Thera-Paws© Canine Visitation Annual Health Screening Form" completed by veterinarian; in order to maintain qualification to participate in program, this form must be completed and submitted annually.
- Receive special identification apparel and badge to be worn by dog during visitation; cape and badge will be issued by Medical Center; handler is responsible for maintaining identification apparel including laundering identification apparel prior to each visit.
- Contact CarolinaEast Rehabilitation Hospital Therapy Manager (Telephone: 252-633-8020) at least 48 hours prior to proposed visit to schedule visit.
- Submit completed "Thera-Paws© Canine Visitation Program Animal Visit Health Screening Form" to CarolinaEast Rehabilitation Hospital Therapy Manager (Fax: 252-633-8954) prior to or at the time of each scheduled visit. Ensure that canine is bathed and groomed within 24 hours prior to scheduled visit.
- If approved for visit, at time of scheduled visit, come to CarolinaEast Rehabilitation Hospital, enter through the main entrance of that facility (unless another location is specified by the Medical Center), and check in at Reception Desk. If all prerequisites are satisfied relating to visit, CarolinaEast Rehabilitation Hospital Therapy Manager will escort owner/handler and canine to appropriate location for visit.
- Consult with CarolinaEast Rehabilitation Hospital Therapy Manager concerning implementation of visit or guidance relating to any issues that may arise in connection with visit. Owner/handler will be responsible for cleaning up after canine accidents with additional assistance, as necessary, to be provided by Medical Center Environmental Services Department.

### Patients

- Provide verbal consent to participate; consent to be documented by staff in Interdisciplinary Notes in patient medical record.
- Wash hands before and after each canine visit.
- Follow any special directions or instructions provided by CarolinaEast Rehabilitation Hospital Therapy Manager or other staff members regarding implementation of visit.
- Refuse visit or request cessation of visit that is in progress at any time if patient becomes uncomfortable or does not wish to have or to continue visit.

### Staff

- CarolinaEast Manager of Volunteer Services will handle applications and other details relating to participation in program and will maintain records relating to canine vaccinations and annual and per visit health screening forms.
- CarolinaEast Rehabilitation Hospital Therapy Manager will schedule visits and handle details relating to implementation of visits including providing handler at time of arrival for scheduled visit with a list of patients to be visited.
- CarolinaEast Rehabilitation Hospital therapy staff members will assist Therapy Manager with regard to identifying patients who may benefit from participation in the visitation program and will cooperate and facilitate implementation of scheduled visits.
- CarolinaEast Rehabilitation Hospital therapy staff members will ensure that patient's verbal consent and pertinent details relating to canine visitation are appropriately obtained and documented in Interdisciplinary Notes in patient's medical record.
- CarolinaEast Rehabilitation Hospital therapy staff members will provide hand sanitizers to patients and owners/handlers, as necessary and appropriate, in connection with implementation of program.
- CarolinaEast Rehabilitation Hospital therapy staff members will facilitate, as necessary and appropriate, clean up of any canine accidents that occur in connection with implementation of any visit.

**“Thera-Paws – Fur-apy at its Best”<sup>©</sup>**  
**Canine Visitation Program**  
**Annual Health Screening Form**



Please have Veterinarian complete this form prior to initial visit and annually thereafter. Form will be maintained in the Volunteers office.

Sex:  Male  Female Neutered:  Yes  No Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Breed/Color: \_\_\_\_\_ Date of exam: \_\_\_\_\_

At the time of this exam, this dog appeared to be free of contagious skin disease and parasites.

The result of fecal test was:  Negative  Positive / Treatment and date treated \_\_\_\_\_

The result of Heartworm filter was:  Negative  Positive / Treatment and date treated \_\_\_\_\_

Current type of Heartworm Preventative \_\_\_\_\_

**Vaccination dates:**

DHLP : \_\_\_\_\_

Parvo : \_\_\_\_\_

Bordetella : \_\_\_\_\_

Corona : \_\_\_\_\_

Rabies : 1 year \_\_\_\_\_

Rabies : 3 year \_\_\_\_\_

*Please include signed rabies certificate with this screening tool.*

**Behavioral Screening:**

**YES**

**NO**

Is the dog aggressively friendly?

Is the dog responsive to evaluator?

Is the dog fearful?

Does the dog cower or hide behind the owner?

Does the dog growl or curl lips when approached?

**Are there any adverse reactions to the following?**

Slammed door

Someone enters room in loud manner

Someone approaches owner

Dogs legs, hair, tail or ears are pulled

Aggressive or clumsy patting

Restraining hug

*I have examined this dog and find no apparent reason to deny its immediate use as a therapy dog.*

Veterinarian's Signature

License Number

Date

Address

City

State

Zip

Phone number

## AKC CANINE GOOD CITIZEN TEST

The CGC TEST consists of 10 skills needed by all well-mannered dogs. All of the exercises are done on a leash.

### Test 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.

### Test 2: Sitting politely for petting

The dog will allow a friendly stranger to pet it while it is out with its handler.

### Test 3: Appearance and grooming

The dog will welcome being groomed and examined and will permit someone, such as a veterinarian, groomer or friend of the owner, to do so.

### Test 4: Out for a walk (walking on a loose lead)

The handler/dog team will take a short "walk" to show that the dog is in control while walking on a leash.

### Test 5: Walking through a crowd

The dog and handler walk around and pass close to several people (at least three) to demonstrate that the dog can move about politely in pedestrian traffic and is under control in public places.

### Test 6: Sit and down on command and Staying in place

The dog will respond to the handler's commands to 1) sit, 2) down and will 3) remain in the place commanded by the handler (sit or down position, whichever the handler prefers).

### Test 7: Coming when called

The dog will come when called by the handler. The handler will walk 10 feet from the dog, turn to face the dog, and call the dog.

### Test 8: Reaction to another dog

To demonstrate 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, and continue on for about 10 feet.

### Test 9: Reaction to distraction

To demonstrate the dog is confident when faced with common distracting situations, the evaluator will select and present two distractions. Examples of distractions include dropping a chair, rolling a crate dolly past the dog, having a jogger run in front of the dog, or dropping a crutch or cane.

### Test 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.

### Equipment

You'll need to bring your dog's brush or comb to the CGC test. In the CGC test, dogs must wear a buckle collar or slip collar.

For details regarding equipment, expanded descriptions of the exercises above, and how the CGC Test is administered, see:

[http://www.akc.org/events/cgc/training\\_testing.cfm](http://www.akc.org/events/cgc/training_testing.cfm)



AMERICAN  
KENNEL CLUB®

## American Kennel Club

The American Kennel Club is dedicated to upholding the integrity of its Registry, promoting the sport of purebred dogs and breeding for type and function. Founded in 1884, the AKC and its affiliated organizations advocate for the purebred dog as a family companion, advance canine health and well-being, work to protect the rights of all dog owners and promote responsible dog ownership.

## American Kennel Club

8051 Arco Corporate Drive  
Raleigh, NC 27617  
[www.akc.org](http://www.akc.org)  
(919) 233-9767  
[info@akc.org](mailto:info@akc.org)

## AKC Canine Good Citizen Program

[cgc@akc.org](mailto:cgc@akc.org)

## AKC® CANINE GOOD CITIZEN® PROGRAM



AMERICAN  
KENNEL CLUB®

# AKC Canine Good Citizen (CGC<sup>SM</sup>) Program

## What Is It?

### AKC Canine Good Citizen (CGC) Program

At the American Kennel Club, we're not just champion dogs, we're the dogs' champion. We believe that all dogs deserve training and a responsible owner and our goal is to reward responsible dog ownership.

The AKC's Canine Good Citizen Program is designed to recognize dogs who have good manners at home and in the community. This rapidly growing nationally recognized program stresses responsible dog ownership for owners and basic training and good manners for dogs. All dogs who pass the 10 step CGC test may receive a certificate from the American Kennel Club.



## The Benefits of Training

The AKC CGC Program provides an excellent foundation for training in other fun activities such as Rally, Obedience, and Agility and results in a well-mannered dog who is a joy to live with. Some therapy dog groups require passing the CGC Test as a prerequisite, some insurance companies recommend CGC training, and an increasing number of apartments and condos are requiring CGC training for resident dogs.



## How It Works

You can attend a basic training or CGC class to teach your dog the CGC behaviors, or if you have the skills and knowledge, you can teach your dog the CGC skills.

When your dog is ready, you'll sign up for a CGC test administered by an AKC Approved CGC Evaluator. Tests are held at AKC dog shows, at some training classes, at a number of pet super stores, or some evaluators will make an appointment to test your dog.

When your dog passes the CGC test, the evaluator will give you the paperwork to send to AKC to request the CGC certificate.

To find an evaluator near you, see:

[http://www.akc.org/events/cgc/cgc\\_bystate.cfm](http://www.akc.org/events/cgc/cgc_bystate.cfm)



A key component of the Canine Good Citizen Program is responsible dog ownership. At the CGC test, you'll be asked to sign the Responsible Dog Owner's Pledge before you and your dog go through the test. Responsibility should start the moment you decide to add a new dog or puppy to your family.

## AKC CGC RESPONSIBLE DOG OWNER'S PLEDGE

*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

*I will be responsible for my dog's safety.*

- I will properly control my dog by providing fencing where appropriate, not letting my dog run loose, and using a leash in public.
- I will ensure that my dog has some form of identification when appropriate (which may include collar tags, tattoos, or microchip ID).
- I will provide adequate supervision when my dog and children are together.

*I will not allow my dog to infringe on the rights of others.*

- I will not allow my dog to run loose in the neighborhood.
- I will not allow my dog to be a nuisance to others by barking while in the yard, in a hotel room, etc.
- 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.
- I will pick up and properly dispose of my dog's waste in wilderness areas, on hiking trails, campgrounds and in off-leash parks.

*I will be responsible for my dog's quality of life.*

- I understand that basic training is beneficial to all dogs.
- I will give my dog attention and playtime.
- I understand that owning a dog is a commitment in time and caring.