

Cavalier King Charles Spaniel Club, USA Therapy Companion Registration Form

Use a separate registration form per dog per location
For multiple visits per location, use page two summary form

CKCSC Reg# _____

Dog's Registration Number: _____

Dog's Registered Name: _____

Owner(s): _____

Address: _____

Phone Number: _____ Email: _____

Name of Therapy organization the dog is registered with _____

Owner's Signature _____ Date _____

Please have the visitation site manager confirm the visit by filling in the information below and signing.

Place & Address of Visitation _____

Date of visit _____ Length of visitation _____ hr _____ min.

I hereby certify that the above dog has performed canine therapy and that the above information about the visit is correct to the best of my knowledge.

Name _____

Signature _____

Email or mail form to
Sabine Gregory
1420 Johanna Ct
Williamstown, NJ 08094
sgregory5@verizon.net

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Summary form to be used for multiple visits by same dog at same location.
Please submit with page one.

Summary of Additional Visits to the location on the previous page:

Date of visit	Length of visitation ____ hr ____ min.	Date of visit	Length of visitation ____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.
_____	____ hr ____ min.	_____	____ hr ____ min.

I hereby certify that the above dog has performed canine therapy and that the above information about the visit is correct to the best of my knowledge.

Name _____

Signature _____

Cavalier King Charles Spaniel Club, USA

Therapy Companion Registration Form

To receive a Cavalier Therapy Companion title, a Cavalier must be registered with one of the following therapy dog organizations listed on the American Kennel Club recognized therapy list. <https://www.akc.org/sports/title-recognition-program/therapy-dog-program/therapy-dog-organizations/>

As a registered therapy dog an owner is showing liable responsibility of the dog.

Therapy work is consisted of visitation to nursing homes, hospitals, schools or other human groups where a dog is performing mental and physical comfort therapy to humans.

A CKCSC, USA Therapy Companion Registration form must be filled out for each visit of therapy work per dog. When a dog has performed the required hours, the owner will receive a certificate of the title earned.

Each title defined below is superseded by the next highest title respectively. These are lifetime achievement titles and should be added to a cavalier's registered name.

Cavalier Therapy Companion (CTC)

A Cavalier King Charles Spaniel who is registered therapy dog and has completed 40 hours of therapy work.

Cavalier Therapy Companion of Excellence (CTCX)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 100 hours of therapy work.

Cavalier Master Therapy Companion (CMTC)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 200 hours of therapy work.

Cavalier Master Therapy Companion of Excellence (CMTCX)

A Cavalier King Charles Spaniel who is a registered therapy dog and has completed 300 hours of therapy work.