



Dog Scouts of America Therapy Dog Merit Badge

Dog's Name: _____, DSA Handler: _____

This certificate certifies that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the high standards set out by Dog Scouts of America. This dog was trained to perform the specified behaviors using positive training and the handler demonstrated the required knowledge.

Handler Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____



Cut at line above, keep top portion for your records, and send the bottom portion to DSA for processing.



Instructions:

- Fill out this form completely and legibly.
- Mail the following items to the DSA Recognition Program Director - Lonnie Olson, 5040 Nestel Rd, St Helen, MI 48656
 - The entire badge form with all info filled in
 - A COPY of your log sheet including contact information for verification of your visits
 - \$25 in the form of a check or money order made payable to Dog Scouts of America
 - Optional: Include \$3 for each additional patch, if any, that you would like of this badge.
- Once Lonnie verifies all the badge requirements are met, she will sign the completed form and mail the top part back to you



THERAPY DOG Badge Form

Dog's Name: _____ DSA Handler's Name: _____

Full Mailing Address: _____

Phone: (____) _____ Email: _____ Troop #: _____

I would like _____ additional patches of this merit badge (I have included for \$3 each)

The signatures below certify that the dog and handler team above have fulfilled the requirements of this Merit Badge, according to the standards set out by Dog Scouts of America. Signature of handler verifies that this dog was trained to perform the specified behaviors using positive training, the dog has earned the Dog Scout Title, and the handler is a current member in good standing of DSA.

Handler Signature: _____ Date: _____

Evaluation done:

Evaluator Signature: _____ Date: _____

- In Person
- At Camp
- By Video

Evaluator print name: _____