



Dog Scouts of America Therapy Dog- Hospital 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:

1. Fill out this form completely and **legibly**. Once the badge requirements are met, the Evaluator (either in-person or the Evaluator that viewed your video) will sign the completed form certifying that you and your dog met the badge requirements.
2. Cut the form at the designated line and mail only the bottom portion to the:
 - o DSA Recognition Program Director - Chris Puls 28359 Andres Rd, Brookville, IN 47012
3. Include \$25 in the form of a check or money order made payable to Dog Scouts of America.
4. Optional: Include \$3 for each additional patch, if any, that you would like of this badge.
5. File the top half of this form in your records or Dog Scout notebook.



Therapy Dog- Hospital 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:

In Person

Evaluator Signature: _____ Date: _____

At Camp

By Video

Evaluator print name: _____

Log Sheet

For office use: ___/___/___ Rec'd ___ Verify Membership ___ Notified of needs ___ Database Entry
___/___/___ Mailed ___ Monthly tally ___ SM database ___ Verified Log