



# 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:

1. Fill out this form completely and **legibly**. Once the badge requirements are met, the Evaluator (in-person or by Distance Evaluator) 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 Merit Badge Recording Secretary – Julie Benson, 30911 Jasper Ridge, Novi, MI 48377
3. Video evaluations must be sent to the Merit Badge Program Coordinator, Heddie Leger, [pawzone@yahoo.com](mailto:pawzone@yahoo.com). Email submission is required for video evaluations. Contact Heddie if this is not possible.
4. Include \$25 in the form of a check or money order made payable to Dog Scouts of America.
5. Optional: Include \$3 for each additional patch, if any, that you would like of this badge.



## 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:

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