



TMD Screening Application

Do you think your furry friend would like to serve as one of Trinity's Ministry Dogs? Please fill out this TMD Screening Application and we will be in touch soon!

Your Name and Physical Address:

Email Address: _____

Cell Phone Number: _____

Dog's Name: _____ Dog's Age: _____

Dog's Breed: ☐ All-American (Mixed)

☐ Purebred _____

Dog's Approximate Weight: _____

Dog's Approximate Height: _____

Veterinarian's Name and Place of Business:

Date of your dog's last annual exam: _____

Is your dog up to date on annual shots and deworming? Yes No

Is your dog free of pain, without physical or behavioral limitations, and in good health? If not, please explain the concern and how it is being addressed.

How long have you had your dog?

How did you acquire your dog?

How would you describe your dog's personality?

How do you maintain your dog's appearance and cleanliness?

How does your dog react to friendly strangers?

Has your dog ever growled, nipped, bitten, or otherwise threatened a human? _____
If yes, please explain the circumstances.

Are there places on your dog's body where they do not like to be touched?

What stresses your dog? What behavioral signals tell you that your dog is stressed?

Circle all that you use with your dog:

Buckle Collar Leash Harness "Choke" Collar Prong Collar E-Collar

Which of these can your dog do upon your request? Circle all that apply.

Sit Down Come Stay Leave It Heel/With Me Loose Lead Walk

Explain why you are drawn to this ministry:

