

WAGS AMBASSADOR RENEWAL PACKET

Thank you for sharing your time to help others. To avoid a lapse in insurance coverage, you must complete your renewal no later than your ambassador expiration date. If you have any questions, please contact the Evaluation Scheduler at evalsched@kywags.org.

An appointment time for your renewal will be scheduled once your packet has been received and marked complete/correct. This will be on a first come first served basis.

Complete this entire document and return via EMAIL to wagsevalscheduler@twc.com

- Renewal Application
- Team Participation / Visiting Summary Form
- Handler's Questionnaire - this form helps you evaluator understand your pet's responses

This document must be received at least 14 days prior to your renewal date. The earliest you can submit this document is 6 months prior to your renewal date.

Use the link to pay for your 2-year registration. This payment is separate from membership dues.

Payment must be received before your packet will be processed.

WAGS Ambassador with one Animal: \$50

WAGS Ambassador Senior (60+) or WAGS Ambassador with a Disability: \$40

WAGS Ambassador Additional Handler: \$25

WAGS Ambassador Additional Animal: \$25

Optional: Additional Support of WAGS – Any gift amount is appreciated

[Use this link to Pay](#)

WAGS Ambassador Renewal Application Form

Express Renewal Option: Requirements are 1) you wish to remain at your current level and with the current equipment, 2) you have completed 10 visits each year (2 years) since your last registration, 3) you have 2 hands-on continuing ed credits with your pet each year, 4) you have 2 continuing ed credits without your pet each year.

Enter 'X' here if you want to do the Express Renewal: _____

Please list the visit you would like us to observe for your Express Renewal. We will make every attempt to accommodate your choice, but all appointments are based on a first come first served basis. In the event we need to schedule another time and/or location we will give you plenty of notice to prepare

Visit site, time and date: _____

Please enter your name and address below:

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Badge ID: _____ (Located on the back of your badge, or on the members only website.)

Animal's Name/Breed: _____ Age: _____

Check here to confirm you have 2 continuing ed credits with your pet for each year (total of 4) : _____

Check here to confirm you have 2 continuing ed credits without your pet for each year (total of 4): _____

WAGS AMBASSADOR TEAM PARTICIPATION / VISITING SUMMARY

Fill out as many as needed to reflect your visitations

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

Facility/Event Name: _____

Recurring visit (weekly, monthly, etc.) ____ Special Event: ____ Total number of visits to this facility: _____

WAGS AMBASSADOR HANDLER'S QUESTIONNAIRE (RENEWAL)

The person who will visit with this animal being evaluated must complete this form. If the person being evaluated is not the owner, then you must provide written proof of permission to handle this animal. Please answer all the questions. By doing so, it will enable us to help and support you in your evaluation journey and make your visits even more successful. It will also give us information on suggestions for CE's in the future. The answers to the questions will not affect your evaluation.

Handler: _____ Owner: _____
 Animal's Name: _____ Species/Breed: _____

1. How long have you had or known this animal? _____
2. If you registering with a dog, has the dog ever been encouraged or trained to bite, even as a part of a dog sport?(e.g. Schutzhund, military dogs, police dogs, rehabbed fighting dogs)? ☐ YES ☐ NO
3. List all the commands this animal responds to reliably:

4. Is there a specific age group that this animal avoids or seems uncomfortable around?
☐ NO ☐ YES: _____
5. Is there a type of individual that this animal avoids or seems uncomfortable around? ☐ NO
 YES: ☐ People wearing hats ☐ People using unusual equipment
☐ People with facial hair ☐ People of different race/ethnicity
☐ People that move differently ☐ Other: _____
6. Has this animal ever acted in a threatening or menacing manner toward an individual, group of individuals or an animal such as growling, snapping, excessive barking, lunging forward or biting an individual or animal?
☐ NO ☐ YES, please describe:

7. What are your animal's favorite games or activities: (Check all that apply)
☐ Frisbee ☐ Chase Games ☐ Fetch and Return ☐ Wrestling
☐ Agility ☐ Pounce Games ☐ Tug of War ☐ Chew Toys
☐ Other

WAGS AMBASSADOR HANDLER'S QUESTIONNAIRE

8. How do you discipline or correct this animal?

9. What does the animal do when it becomes stressed?

10. What do you do when you recognize that your animal is stressed?

11. List any kind of animals that this animal does not react to well:

12. Please list any experiences or skills you have as a pet handler other than basic ownership. (i.e., foster, trainer, dog show competitor, etc.)

13. Please list any pet-related skills you would like to improve or learn more information about to help you. (i.e., waiting till directed (on cue) to go visit, loose leash walking, taking treat gently, ability to work while other dogs are around, potty on cue, head on lap, tricks, settle/calm down on cue, etc.)

14. Please list any handler skills you would like to improve or learn more information about to help you. (i.e., loose leash walking, attention/focus, maneuvering through tight spaces, helping my dog with navigating open stairs and entering/exiting and riding in elevators, etc.)

15. What if any special accommodations may you require? (i.e., no steps, no elevators, valet parking, handicap accessibility, etc.)

16. Does your pet have special needs or requirement? (i.e., blind, deaf, tripod, needs a stroller, etc.)

17. I understand that the use of calming and anti-anxiety medications and/or supplements (such as but not limited to Maxxicalm, Composure, CBD, ACE) are not allowed and should not be taken by WAGS ambassador pets while being evaluated or during any visits. The use of substances for thunderstorm phobia, separation anxiety, fireworks, etc. that improve your pet's quality of life or as an adjunct to training is permitted. Check here for YES: _____