

# The International Cat Association, Inc.

Wherever you are, you're in TICA's World! Fabulous felines, fun and friendship.®

### Therapy Cat Title Program

TICA

Date:

Please use Email Form button to email form or send to: TICA, Inc. P.O. Box 2684 Harlingen TX 78551 therapycats@tica.org

### Instructions:

- 1. **Download** the form.
- 2. Open the form in Adobe Acrobat Reader.
- 3. Fill out the form.
- 4. Save and choose "Email Form" to send the form.

| Contact Information   |  |                                 |
|---|--|---------------------------------|
| First Name:   | Last Name:                                     |                                 |
| Email Address:  |  |                                 |
| Check here if this is a new email addre   | ess. Old Email Address:                        |                                 |
| Owner Information   |  |                                 |
| Check here if name and email address owners' address information on the last page o | are the same as above. If there are multiple o | wners, please provide all other |
| First Name:   | Last Name:                                     |                                 |
| Email Address:  |  |                                 |
| Address:  |  |                                 |
| City:   | State:   | Postal Code:                    |
| Country:  | Phone:   |                                 |
| Cat Information   |  |                                 |
| Name:   | Registration Number                            | •                               |
|   |  |                                 |

907.1 Therapy Cat Title Program. The purpose of these titles is to honor the cats and owners for the dedication required in performing as a therapy team. TICA would be the first cat registry that gives actual titles for these special cats and their owners.

- 1. All cats must be TICA registered.
- 2. All owners must be TICA members.
- 3. All cats will be certified by Pet Partners or a therapy pet organization approved by TICA at the owner's expense. Only certifications from Pet Partners or aforesaid approved therapy pet organizations will be accepted.
- 4. TICA will offer three levels of titles\* that can be achieved.
  - a. TC Therapy Cat is awarded after the team has completed 50 approved visits.
  - b. TCX Therapy Cat Excellence is awarded after the team has completed 100 approved visits.
  - c. TCD Therapy Cat of Distinction is awarded after the team has completed 200 approved visits.
- Send certification requests to TherapyCats@tica.org. Only registrations from PetPartners.org or aforesaid approved therapy pet organizations will be accepted. Please go to <a href="http://www.PetPartners.org">http://www.PetPartners.org</a> to find a certified organization that is close to your home.
- After each level has been accomplished the owner can apply for their certificate and their badge. TICA already has the certificates available online via TDS. These titles would be able to be downloaded and printed by the owners like other TICA titles are done, for \$5.00.
- An embroidered badge (optional) that can be sewn on the cat's vest would also be for sale for \$5.00 to the owners. This badge has the TICA logo and the letters of the title achieved.

Send this completed form to TherapyCats@tica.org.

<sup>\*</sup> All titles must be confirmed by the Executive Office before a Therapy Cat Title can be confirmed.



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| Contact Informa        | ation   |                          |                        |  |  |  |
|------------------------|---|--------------------------|------------------------|--|--|--|
| First Name: Last Name: |   | Last Name:               |                        |  |  |  |
| Email Address:         |   |                          |                        |  |  |  |
| Cat Information        |   |                          |                        |  |  |  |
| Name:                  |   | Registration Number:     |                        |  |  |  |
|                        | List Therapy Cat Visits below. (One cat per sheet.) Use additional pages as needed. You may also use the Therapy Cat<br>Visit Record to supplement this page. |                          |                        |  |  |  |
| Date                   | Facility Name   | Facility Contact Name(s) | Facility Contact Phone |  |  |  |
| 1.                     |   |                          |                        |  |  |  |
| 2.                     |   |                          |                        |  |  |  |
| 3.                     |   |                          |                        |  |  |  |
| 4.                     |   |                          |                        |  |  |  |
| 5.                     |   |                          |                        |  |  |  |
| 6.                     |   |                          |                        |  |  |  |
| 7.                     |   |                          |                        |  |  |  |
| 8.                     |   |                          |                        |  |  |  |
| 9.                     |   |                          |                        |  |  |  |
| 10.                    |   |                          |                        |  |  |  |
| 11.                    |   |                          |                        |  |  |  |
| 12.                    |   |                          |                        |  |  |  |
| 13.                    |   |                          |                        |  |  |  |
| 14.                    |   |                          |                        |  |  |  |
| 15.                    |   |                          |                        |  |  |  |
| 16.                    |   |                          |                        |  |  |  |
| 17.                    |   |                          |                        |  |  |  |
| 18.                    |   |                          |                        |  |  |  |
| 19.                    |   |                          |                        |  |  |  |
| 20.                    |   |                          |                        |  |  |  |
| 21.                    |   |                          |                        |  |  |  |
| 22.                    |   |                          |                        |  |  |  |
| 23.                    |   |                          |                        |  |  |  |
| 24.                    |   |                          |                        |  |  |  |
|                        |   |                          |                        |  |  |  |



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## **Payment Information**

| Quantity       | Description             | Fee (USD) | Payment Amount |
|----------------|-------------------------|-----------|----------------|
|                | Therapy Cat Certificate |           |                |
|                | Therapy Cat Badge       |           |                |
| Total Payment: |                         |           |                |

| Check or Money Order         | Credit Card                | PayPal                        | Wire Transfer                 |
|------------------------------|----------------------------|-------------------------------|-------------------------------|
| U.S. funds only. For foreign | For the most secure        | Please visit PayPal and send  | All wire transfers require an |
| U.S. bank accounts, we       | transaction, we recommend  | payment to paypal@tica.org.   | additional \$15 fee. Please   |
| require a 9-digit routing    | you mail, fax, or phone in | Include Transaction ID below. | contact the Executive Office  |
| number.                      | credit card information.   |                               | for further instructions.     |

