



Name _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Other Phone: _____
E-mail Address: _____ Occupation: _____
Dog's Name: _____ Age: _____ Breed: _____ Sex: _____
Physical Description: _____ Neutered/Spayed? Y / N

Have you ever done any therapy volunteer work? _____

Do you have experience in hospitals, nursing homes, or school settings? _____

Have you ever been convicted of a felony? _____

Has your dog ever done any therapy work? If yes, explain. _____

Is your dog registered with any of the following organizations:

- | | |
|---|--|
| <input type="checkbox"/> Therapy Dogs International | <input type="checkbox"/> Delta Society |
| <input type="checkbox"/> Therapy Dogs Inc. | <input type="checkbox"/> Other _____ |

Why do you think your dog would be suitable as a therapy dog? _____

How does your dog act around strangers? _____

Has your dog ever growled, snapped or bitten you or anyone else? _____

Has your dog ever shown aggression toward other dogs? _____

Have you earned an American Kennel Club CGC with this dog? _____

Is your dog comfortable in different and new environments? _____

Does your dog exhibit any nervousness or fear around the elderly or sick? _____

Has your dog had previous training?

- | | | |
|---|---|--|
| <input type="checkbox"/> Basic Obedience | <input type="checkbox"/> Therapy Dog Training | <input type="checkbox"/> Puppy Socialization |
| <input type="checkbox"/> Advanced Obedience | <input type="checkbox"/> Agility | <input type="checkbox"/> Other, explain |

Is your dog good with children of various ages? _____

Does your dog tolerate being petted and handled by strangers? _____

Is your dog up to date on vaccinations? _____

What veterinarian do you use? _____

Does your dog have any special needs or conditions we should be aware of? _____

What type of settings would you like to do therapy work in?

- | | |
|--|---|
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Nursing Homes | <input type="checkbox"/> Reading Groups |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Children Therapy Centers |

What cities or areas are you willing to perform therapy work? _____

Comments: