

2009

THERAPY DOGS INCORPORATED TEST

***** MUST BE RETURNED WITHIN SIX MONTHS FROM DATE OF TEST *****

APPLICANT NAME _____

DOG'S CALL NAME _____

T/O please check and attach a copy of proof of rabies vaccination, and original signed Release of Claims for each dog **BEFORE TESTING.**

EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST

1.Initial meeting:	
Was the handler in control?	Yes _____ No _____
Were the handler and dog polite?	Yes _____ No _____
Was the dog corrected for poor behavior?	Yes _____ No _____
Was the dog praised for good behavior?	Yes _____ No _____
Comment:	PASS _____ FAIL _____
2. Handler control of dog with a loose lead:	
Team going forward	Yes _____ No _____
Team making left and right turns and turning around	Yes _____ No _____
Stopping with dog calmly by the handler's side	Yes _____ No _____
Team going very slowly	Yes _____ No _____
Team going quickly	Yes _____ No _____
Team going up to a seated person	Yes _____ No _____
Near a person walking unsteadily	Yes _____ No _____
With a person rushing past the team (from front / back / sides)	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comment:	PASS _____ FAIL _____
3.Canine-human behavior: friendly stranger	
Was the handler in control?	Yes _____ No _____
Did the dog bark at person(s)?	Yes _____ No _____
Was the dog interested in the person(s)?	Yes _____ No _____
Was any sign of aggression demonstrated?	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comment:	PASS _____ FAIL _____

4.Canine-canine behavior: <u>NEVER allow the dogs to meet face to face</u>	No closer than 2 feet
Was the handler in control?	Yes _____ No _____
Did the dog bark at other dog(s)?	Yes _____ No _____
Was the dog interested in other dog(s)?	Yes _____ No _____
Was any sign of aggression demonstrated?	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comment:	PASS _____ FAIL _____
5.Handling the dog: Dog's response acceptable / unacceptable	
Stroking the head, body & tail with both hands	Acceptable / Unacceptable
Touching the paws	Acceptable / Unacceptable
Scratching/petting the throat	Acceptable / Unacceptable
Holding the ears	Acceptable / Unacceptable
Comment:	PASS _____ FAIL _____
6.Dog's apparent responsiveness	
Did the dog demonstrate a willingness to participate in the exercises?	Yes _____ No _____
If initially excited, did the dog calm down and begin to respond?	Yes _____ No _____
Did the dog become unresponsive?	Yes _____ No _____
Comment:	PASS _____ FAIL _____
7.Team appearance	
Was the dog clean and well groomed?	Yes _____ No _____
Was the handler clean and dressed appropriately?	Yes _____ No _____
Comments:	PASS _____ FAIL _____

This section must be completed

RETURN ORIGINAL TEST ALONG WITH APPLICATION AND SIGNED RELEASE FORM FOR EACH DOG WITHIN SIX MONTHS FROM DATE OF TEST

Date of test: _____ **PASS** _____ **FAIL** _____

TESTER SIGNATURE _____

TESTER NAME (print) _____

Comments: _____

For exceptions only: Is this handler under age 16? _____

Is this dog using a body harness/halter in addition to the TDInc. accepted collar? _____

Observations

MINIMUM OF THREE OBSERVATIONS REQUIRED. If more are needed, please use back of page or additional pages along with comments and dates.

Prior to the 1st observation, please check for negative results of fecal exam within a year.

If the exam has not been done, the observation must be rescheduled. See the TDInc.

Member Application section for Veterinarian's signature/stamp.

8. Did the team demonstrate the appropriate skills to safely interact with people in animal assisted functions? Yes _____ No _____

OBSERVER SIGNATURE _____
OBSERVER NAME (print) _____ DATE _____

Comments: _____

9. Did the team demonstrate the appropriate skills to safely interact with people in animal assisted functions? Yes _____ No _____

OBSERVER SIGNATURE _____
OBSERVER NAME (print) _____ DATE _____

Comments: _____

10. Did the team demonstrate the appropriate skills to safely interact with people in animal assisted functions? Yes _____ No _____

OBSERVER SIGNATURE _____
OBSERVER NAME (print) _____ DATE _____

Comments: _____

I have tested and/or observed this handler and dog. I affirm that I have reviewed the results with the applicant. **In my opinion**, the team has appropriate skills to safely interact with people in animal assisted functions at this time. Final decision on membership rests solely with Therapy Dogs Inc.