

2003/2004

THERAPY DOGS INCORPORATED TEST

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

APPLICANT NAME _____

DOG'S CALL NAME _____

RABIES VACCINATION CERTIFICATE # _____ EXPIRES _____

Tester/Observer please check Rabies certificate and Release of Claims signature **before testing**.

T/O initials _____

1. Initial meeting:		
Was the handler in control	yes _____	no _____
Were the handler and dog polite	yes _____	no _____
Was the dog corrected for <u>poor</u> behavior	yes _____	no _____
Was the dog praised for <u>good</u> behavior	yes _____	no _____
PASS _____ FAIL _____ COMMENT:		
2. Control with loose lead:		
Going forward	yes _____	no _____
Turning around	yes _____	no _____
Stopping / by side	yes _____	no _____
Going very slowly	yes _____	no _____
Going quickly	yes _____	no _____
Up to a seated person	yes _____	no _____
Person walking unsteady	yes _____	no _____
Did handler correct the dog if needed	yes _____	no _____
Did handler praise the dog	yes _____	no _____
PASS _____ FAIL _____ COMMENT:		
3. Handling the dog:		
Petting the head	yes _____	no _____
Petting the body	yes _____	no _____
Holding the tail	yes _____	no _____
Holding the paws	yes _____	no _____
Scratching the throat	yes _____	no _____
Holding the ear	yes _____	no _____
PASS _____ FAIL _____ COMMENT:		
4. Canine / canine behavior: (do not insist the dogs meet face to face)		
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 _____
PASS _____ FAIL _____ COMMENT:		

5. Canine / human behavior:		
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 _____
PASS _____ FAIL _____ COMMENT: _____		
6. Did the dog demonstrate a willingness to participate in the test exercises	yes _____	no _____
7. If initially excited, did the dog calm down and begin responding to the handler	yes _____	no _____
8. Did the dog become unresponsive	yes _____	no _____
9. Did the handler demonstrate enthusiasm toward the next exercise	yes _____	no _____
6).7).8).9). PASS _____ FAIL _____ COMMENT: _____		
10. Was the dog clean and well-groomed	yes _____	no _____
11. Was the handler clean & well-groomed	yes _____	no _____
10).11). PASS _____ FAIL _____ COMMENT: _____		

<u>THIS SECTION MUST BE COMPLETED</u>		
RETURN ORIGINAL TEST ALONG WITH APPLICATION AND RELEASE FORM WITHIN SIX MONTHS FROM DATE OF TEST		
Date of Test: _____ PASS _____ FAIL _____		
I have Tested and /or Observed this handler and dog. I affirm that I have reviewed the results with the applicant. In my opinion , they have appropriate skills to safely interact with people in animal assisted functions at this time. Final decision on membership will rest solely with Therapy Dogs Inc.		
TESTER SIGNATURE _____		
TESTER NAME (PRINT) _____		
OBSERVATIONS: <u>MINIMUM OF THREE REQUIRED.</u> If more is needed, please comment and date.		
<u>Observer signature and date required for each observation</u>		
OBSERVER SIGNATURE _____		
OBSERVER NAME (PRINT) _____	Date _____	
OBSERVER SIGNATURE _____		
OBSERVER NAME (PRINT) _____	Date _____	
OBSERVER SIGNATURE _____		
OBSERVER NAME (PRINT) _____	Date _____	
COMMENTS: _____		
<u>** Expires six months from date of test**</u>		
<u>Please return ORIGINAL Test, Application and Release Form promptly!!</u>		