

**2011 THERAPY DOGS INCORPORATED TEST**

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

Applicant Name \_\_\_\_\_

Dog's Call Name \_\_\_\_\_

**RETURN ORIGINAL TEST ALONG WITH APPLICATION AND SIGNED RELEASE FORM FOR EACH TEAM WITHIN SIX MONTHS FROM FIRST DATE OF TEST.**

**T/O please check and attach a copy of proof of rabies vaccination, BEFORE TESTING.**

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

<u>Handling Test Sections 1 - 8</u>	
<b>1. Initial meeting:</b>	
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 _____
Was the dog clean and well groomed?	Yes _____ No _____
Was the handler clean and dressed appropriately?	Yes _____ No _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>
<b>2. Handler control of dog with a loose leash:</b>	
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 for petting *	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 _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>
<b>3. Canine-human behavior: friendly stranger</b>	
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 _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>

\*Any dog that might be lifted / carried during visits will also perform this exercise held by the handler.

<b>4. Canine-canine behavior: NEVER allow the dogs to meet face to face. Dogs must not be closer than 2 feet</b>	
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 _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>
<b>5. Handling the dog: dog's response*                      Acceptable / Unacceptable</b>	
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
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>
<b>6. Dog's apparent responsiveness</b>	
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 exhibit signs of avoidance or stress during the test?	Yes _____ No _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>
<b>7. Does the handler have the ability to safely handle this dog?</b>	Yes _____ No _____
<b>Comments:</b>	<b>PASS _____ FAIL _____</b>

<b>Date of Handling Test:</b> _____	<b>PASS</b> _____	<b>FAIL</b> _____
TESTER SIGNATURE _____		
TESTER NAME (print) _____		
Comments: _____		
_____		
_____		
_____		
<b>Exception for handler age 12 to 16 years</b> _____		
<b>A junior applicant or parent / guardian must contact TDInc. office prior to submitting the application.</b>		

\*Any dog that might be lifted / carried during visits will also perform this exercise held by the handler.

### **Observation Sections 8 – 11**

**MINIMUM OF THREE OBSERVATIONS REQUIRED/ MAXIMUM OF FOUR ALLOWED**

**Two observations must be done at a medical care facility.**

**Final decision on membership rests solely with Therapy Dogs Inc.**

Prior to the 1st observation, proof of negative results of fecal exam within a year must be verified either by veterinarian records or the signature/clinic stamp section on the TDInc. Member Application. If the exam has not been done, the observation must be rescheduled.

8. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS\_\_\_ FAIL\_\_\_ Additional Observation needed (comment required) \_\_\_\_\_

The handler has the ability to safely handle this dog. PASS \_\_\_\_\_ FAIL \_\_\_\_\_

OBSERVER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

OBSERVER NAME (print) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

9. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS\_\_\_ FAIL\_\_\_ Additional Observation needed (comment required) \_\_\_\_\_

The handler has the ability to safely handle this dog. PASS \_\_\_\_\_ FAIL \_\_\_\_\_

OBSERVER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

OBSERVER NAME (print) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

10. The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS\_\_\_ FAIL\_\_\_ Additional Observation needed (comment required) \_\_\_\_\_

The handler has the ability to safely handle this dog. PASS \_\_\_\_\_ FAIL \_\_\_\_\_

OBSERVER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

OBSERVER NAME (print) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

11. (4<sup>th</sup> observation if needed)

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS\_\_\_ FAIL\_\_\_

The handler has the ability to safely handle this dog. PASS \_\_\_\_\_ FAIL \_\_\_\_\_

OBSERVER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

OBSERVER NAME (print) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_