



**Lend A Heart Animal Assisted Therapy, Inc.
Obedience and Behavior Verification**

Dog's Name _____ **Breed** _____

Dog Owner's Name _____

Dear Trainer/Behaviorist:

The individual named above is considering doing Animal-Assisted Therapy with this dog. LAH requires that all dogs have a high level of skills in obedience. If you have been asked to fill out this form, and have questions regarding the skills needed to perform Animal-Assisted Therapy work, please email us at info@lendaheart.org.

Please take your time in filling out this form, as your evaluation of this animal is very important. While you are completing this form, please imagine this dog and handler team in a very distracting, hospital type setting, with fragile patients. This animal will routinely be exposed to noisy hospital rooms or nursing home settings, with walker or wheelchair-bound patients, I.V. tubing, catheters, etc.

1. Can the dog and handler team complete the following? Does it take the handler more than one command to get the dog to do the requested behavior? If so, please note in the "comment" section.

Exercise	yes/no
Sit	
Down	
Stay (on leash)	
Heel (on a loose leash)	
Stay (off leash/long line)	
Dog can settle and be calm	

Comments _____

2. How aware is the handler of her/his dog's responsiveness to commands?

Do they work as a team? Please note your observations.

3. Is the handler clear and consistent with her/his corrections?

4. Does the handler have control of her/his dog? Is it solid enough that you believe the dog would respond well even in a very distracting setting?

When greeting people, is the dog's enthusiasm and excitement under control or out of control? (circle one) Yes / No

Describe observations:

5. In ATT, dogs must sit for petting by many people and allow its head, ears, feet and tail to be touched or tugged by strangers.

Please rank reactions that you observe while handling/petting this dog.

- 1 - Comfortable (dog is comfortable with handling, enjoys it)
- 2 - Slightly uncomfortable (dog backs up or attempts to evade touch)
- 3 - Very uncomfortable (dog has aggressive reaction, growls, shows teeth)

Head	
Ears	
Feet	
Tail	
Belly	

6. In ATT, animals are confronted with and can respond to unusual sights, sounds, and smells; they just can't have an overly fearful or an aggressive reaction to the stimuli. While observing this dog, have you noticed any reactions to noises or sights that would indicate to you that this animal is overly sensitive to either sights or sounds? (circle one) Yes / No

If yes, please note situation in which animal has been observed and how it reacted.

7. With LAH, this dog will be expected to work around as many as 7-10 other animal/handler teams. Upon being introduced to a strange dog, how does this dog react?

How does the handler react?

8. Describe any training difficulties or behavior problems/concerns that might interfere with this dog's ability to work as a therapy dog in a distracting setting with fragile patients.

9. Imagine this dog/handler team doing a visit with a member of your family who is ill or in pain. Would you be comfortable having them visit your relative? (circle one) Yes / No

10. Comments: Please note any reservations or recommendations that you have about this team:

My signature below verifies that (check one)

I have observed this team repeatedly while they were in one of my training classes.

I have observed this team for obedience evaluation on this one time basis. I also verify that I am currently a dog trainer/behaviorist, who regularly hold classes, either privately or in groups.

Signature _____ Date _____

Print Business Name _____

Please attach a Business card

Business Phone _____ Home Phone _____

***Applicant:** When completed, mail form to Lend A Heart, P.O. Box 60617, Sacramento, CA 95860.*