



Date: _____

Handler's Questionnaire

Please complete the following questionnaire and bring it with you to your evaluation along with your Animal Health Screening Form, Updated Rabies Certificate, Soft Brush and Treats.

Handler: _____ Animal: _____

Species/Breed: _____

Animal Age: _____

New Team _____ Renewal _____

My Animal and I meet all the following criteria for being a Therapy Animal with Hand in Paw:

My animal is at least 18 months of age

I have owned my animal for at least 6 months

My animal's rabies vaccination is up-to-date and I have documentation with me

My animal has never shown any aggression towards humans or other animals

My animal has never been trained or encouraged to aggressively bite for protection

My animal is in good health with no open wounds, or signs of illness or infection, and is not pregnant, nursing young, or in heat.

My animal is not taking antibiotics, antifungals, or immunosuppressive medications

My animal is wearing the approved collar or harness, and 4ft leash that I plan to use when visiting

My animal has been groomed for this evaluation.

I have completed the Hand in Paw training course and screening.

1. Is there a specific age group that your animal is uncomfortable around?

a. NO ___

b. Yes ___ (*check all that apply*)

i. Infants ___

ii. Toddlers ___

iii. School-aged ___

iv. Adult Men ___

v. Seniors ___

vi. Adolescents ___

vii. Adult Women ___

viii. Special Needs ___

ix. Other _____

2. Is there a type of individual that this animal avoids or seems uncomfortable around?

a. No ___

b. Yes ___ (*check all that apply*)

i. People with hats ___

ii. People with facial hair ___

iii. People that move differently ___

iv. People of a different race ___

v. People using unusual equipment ___

vi. Other _____

3. List any kinds of other species your animal does not react well to.

4. What is your animal's favorite game or activity?

___ frisbee/catch

___ chew toys

___ chase games

___ fetch and return

___ tug of war

___ lounging

___ wrestling

___ sunbathing outside

___ find-it games

Other: _____

___ pounce games

___ agility/obstacles

5. Does your animal have any health problems? Take regular medications? If so, please explain.

6. How do you correct or redirect your animal's undesirable behaviors?

7. What does this animal do when it becomes stressed?

8. What do you do when you recognize that your animal is stressed?

FOR RENEWING TEAMS:

9. What does your animal do that indicates that he/she is enjoying the work of this type of volunteering? _____

10. Have you seen any changes in his or her reactions or behaviors over the last two years of your volunteer experience?

Anything else about your animal that you would like to share with us that we should know?

SIGNATURE: _____ **Date:** _____

