



The Fox Valley Therapy Dog Club Yorkville, Illinois

Evaluation Test Application

NOTE: You may use back of this application or an additional sheet of paper if needed for answers.

Date Application filled out: _____ Mentor: _____

Handler: _____ Email address: _____

Address: _____ Phone: _____

Dog's Name: _____ Breed _____ Age _____

Dog's Sex: (circle appropriate) M F Spayed Castrated At what age? _____

1. If your dog has a Canine Good Citizen (CGC) certification please indicate:

Organization/Person testing: _____ Date _____

2. Is your dog registered with any of the following organizations?

Therapy Dog International (TDI) Delta Society

Other therapy dog club (Please specify) _____

3. If any box was checked in # 2, please answer: How long have you been doing therapy dog work?

_____ yrs ___ mos Approximately how many visits have you made with your dog? _____

In general, what type(s) of facility(s) do you visit? _____

4. Where did you acquire your dog? (check one)

Breeder Shelter/Rescue Pet Store Friend Other _____

5. How long have you been the caregiver for this dog? _____ mos _____ yrs

6. Has your dog had any training with a private instructor or in a classroom? Yes No

If YES to above, please briefly list training completed and highest level of training achieved

7. Does your dog participate in any of the following:

Breed Shows Obedience Trials Agility Rally Sports Other _____

If yes to the above, how often per month or year does he/she participate? ____ mo ____ yr

8. Is there a specific age group that your dog avoids or seems uncomfortable around?

No

Yes (If Yes, check all that apply)

- Infants
- Adult men
- Toddlers
- Adult women
- School age children
- Seniors
- Adolescents
- Other: _____

9. Is there a type of individual that this dog avoids or seems uncomfortable around?

- No**
- Yes (If Yes, check all that apply)**
- People wearing hats
- People using unusual equipment
- People with facial hair
- People of race different then the caregiver?
- People who move erratically
- Other: _____

10. Has this dog ever acted in a threatening or menacing manner towards an individual or group of individuals?

Threatening/menacing includes: overt staring, growling, snapping, snarling, barking at or lunging toward or biting an individual. No Yes

If YES, please describe incident(s): _____

11. What training method(s) do you use with your dog? _____

12. How do you handle behavior that you consider inappropriate in your dog? _____

13. What behavior(s) does your dog exhibit when faced with a new environment or a new person in the environment? _____

14. Describe what "stress" looks like in your dog. (i.e. What behaviors change or appear) _____

15. How do you handle your dog when you recognize he/she is stressed? _____

16. Does your dog have any special needs or conditions of which we should be aware?
 No Yes (Please explain) _____

Signature: _____ Date: _____