

Therapy Dog Team Application

THANK YOU IN ADVANCE FOR YOUR TIME AND INTEREST IN OUR PROGRAM!

Our Certification only certifies you to be involved with the Paws Of Love Program and sponsored activities and is not transferable to other programs.

Please indicate that you understand these restrictions. *

Yes No

First Name *

Last Name *

Address 1 *

Address 2

City *

State *

Zip Code *

Mobile Phone *

Home Phone (if different)

Email Address *

Drivers License Number *

State Issued from *

Emergency Contact Name *

Emergency Contact Phone *

Please tell us about any relevant training, vocational schools, workshops, etc.

Reference Name * 

Reference Relationship *

Reference Phone *

What days are you available to volunteer? *

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time(s) are you available for volunteering? *

AM Mid-Day PM

What type of facilities interest you most to visit? *

Assisted Living Facility Children's Reading Program Hospital

With what age group do you believe you and your dog would be most effective? *

Children (5-12) Seniors (50 and over)

Do you belong to any clubs or organizations? *

Yes No

If Yes, please list

What organizations do you currently volunteer for or have volunteered for in the past?

Why do you want to participate in this program? *

DOG INFORMATION

Dogs Name * Dogs Age * Dogs Breed *

Dogs Weight * Dogs Gender * Male Female Spay/Neutered * Yes No License Current * Yes No What City is Dog Licensed in? *

Where/how did you acquire your dog companion? * How long have you had this dog? *

DOG BEHAVIORAL INFORMATION

What training has your dog had? *

Do you train with Positive Reinforcement? *

Yes No

List the commands your dog responds to: *

Has your dog ever been encouraged or trained to bite, even as part of a dog sport (e.g. Schutzhund)? *

Yes No

Has your dog ever bitten a human or another dog? *

Yes No

If Yes, please explain:

How does your dog react around other dogs? *

Has your dog ever acted in a threatening or menacing manner towards anyone/thing? *

Yes No

If Yes, how did you respond?

Does your dog lick people? *

Yes No

If so, describe how you encourage or discourage the behavior?

What does your dog do when he/she becomes stressed? *

What do you do when you recognize signs of stress in your dog? *

Is your dog housebroken? * Does your dog signal to go outside? * Does your dog toilet on command? *

Yes No Yes No Yes No

Does your dog get into the trash? * Does your dog sleep inside at night? * Does your dog pull on leash? *

Yes No Yes No Yes No

Are there any specific animals that your dog does not react well with?

What are your dog's favorite games or activities?

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