



# THERAPY DOG VOLUNTEER PROGRAM

## HANDLER'S INFORMATION

Name:	
Address:	
Phone Number:	
Email:	
Have you participated in any volunteer programs before? (Please note they do not have to be canine related.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, provide program information and contact:	
Tell us a bit about why you are interested in volunteering with a funeral home Therapy Dog Program:	

## CANINE'S INFORMATION

Name:	M/F:
Breed:	Age:
Any health or physical issues?	
Your dog's most recent vaccination date:	
Do you feed your dog raw food or kibble?	
Can your dog do the following?:	
Sit and stay on command	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heel properly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lay down on command	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your dog handle loud noises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can your dog handle large groups of people?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your dog crate trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your dog have any food aggression issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## THERAPY DOG VOLUNTEER PROGRAM

### TRAINING INFORMATION

Levels of training (group or private):
Where was this taken/provided by?
Type of training taught (lead/collar, clicker, all food):
Are you open to different styles of training and working in all types of environments?

### FURTHER DETAILS

Why did you pick this breed?
Where is your dog from (reputable breeder, rescue, internet ad, etc.)?
What are your dog's genetic traits (herding, protecting, etc.)?
Would you say your dog is calm, excitable, or hyper?
What makes you and your dog a good team?
List a time when your dog negatively reacted to a stimulus and how you handled it:
What regular exposure to environmental stimulus do you give your dog?



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How forthcoming are you to step in when people behave inappropriately around your dog?

Does your dog require regular grooming, and if so, is it at home or at a groomer?

Describe a time when you knew your dog was stressed and how you handled it:

Please let us know if there is anything else you can tell us about why you and your dog would be a good fit for our funeral home's Therapy Dog Program:

**WHAT IS YOUR AVAILABILITY (PLEASE SELECT ALL THAT APPLY):**

DAY	AM	PM	DURATION (in hours)
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
SATURDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.
SUNDAY	<input type="checkbox"/>	<input type="checkbox"/>	hrs.

Once completed, please email this attached form to [therapydog@mountpleasantgroup.com](mailto:therapydog@mountpleasantgroup.com)