

2012 THERAPY DOGS INCORPORATED TEST

*** MUST BE RETURNED WITHIN SIX MONTHS FROM FIRST DATE OF TEST ***

Applicant Full **Legal** Name _____

Dog's Call Name _____

Is this the first time being tested with this dog for TDInc.? Yes ___ No ___

If tested before, please indicate the approximate previous testing date(s) _____

The TDInc. test may be taken no more than three times, with at least 30 days between tests.

Falsification of any information will result in membership denial.

T/O please check for and attach proof of current rabies vaccination and negative fecal BEFORE TESTING.

EACH HANDLER/DOG TEAM MUST PASS ALL SECTIONS OF THIS TEST

<u>Handling Test Sections 1 - 7</u>	
1.Initial meeting:	
Was the handler in control?	Yes _____ No _____
Were the handler and dog polite?	Yes _____ No _____
Was the dog corrected for poor behavior?	Yes _____ No _____
Was the dog praised for good behavior?	Yes _____ No _____
Was the dog clean and well groomed?	Yes _____ No _____
Was the handler clean and dressed appropriately including correct footwear?	Yes _____ No _____
Comments:	PASS _____ FAIL _____
2. Handler control of dog with a loose leash:	
Team moving forward	Yes _____ No _____
Team changing pace from normal, slow, quick to normal	Yes _____ No _____
Team making left and right turns and turning around	Yes _____ No _____
Stopping with dog staying calmly by the handler's side for 5 seconds	Yes _____ No _____
A person rushing past the team while stationary (from front/back/sides)	Yes _____ No _____
A person rushing past the team while in motion (from front/back/sides)	Yes _____ No _____
Near a person walking unsteadily	Yes _____ No _____
Team going up to a seated person for petting*	Yes _____ No _____
Small dog held, lifted or carried for testing*	Yes _____ No _____
Comments:	PASS _____ FAIL _____
3.Canine-human behavior: friendly stranger	
Small dog held for testing*	Yes _____ No _____
Was the handler in control?	Yes _____ No _____
Did the dog bark at person(s)?	Yes _____ No _____
Was the dog interested in the person(s)?	Yes _____ No _____
Was any sign of unprovoked aggression demonstrated?	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comments:	PASS _____ FAIL _____

*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

4. Canine-canine behavior: NEVER allow the dogs to be closer than 2 feet	
Small dog held, lifted or carried for testing*	Yes _____ No _____
Was the handler in control?	Yes _____ No _____
Did the dog bark at other dog(s)?	Yes _____ No _____
Was the dog interested in other dog(s)?	Yes _____ No _____
Was any sign of unprovoked aggression demonstrated?	Yes _____ No _____
Did the handler correct the dog if needed?	Yes _____ No _____
Did the handler praise the dog?	Yes _____ No _____
Comments:	PASS _____ FAIL _____
5. Physical handling of the dog and dog's response	
Small dog held, lifted or carried for testing*	Yes _____ No _____
Stroking the head, body and tail with both hands	Acceptable / Unacceptable
Touching the paws	Acceptable / Unacceptable
Scratching/petting the throat	Acceptable / Unacceptable
Holding the ears	Acceptable / Unacceptable
Comments:	PASS _____ FAIL _____
6. Dog's apparent responsiveness	
Did the dog demonstrate a willingness to participate in the exercises?	Yes _____ No _____
If initially excited, did the dog calm down and begin to respond?	Yes _____ No _____
Did the dog exhibit signs of avoidance or stress during the test?	Yes _____ No _____
Comments:	PASS _____ FAIL _____
7. Does the handler have the ability to safely handle this dog?	Yes _____ No _____
Comments:	PASS _____ FAIL _____

Date of Handling Test: _____ PASS _____ FAIL _____ The T/O must return all failed tests along with release of claims to the office within 7 business days. TESTER SIGNATURE _____ TESTER NAME (print) _____ Comments: _____ Did the prospective handler arrive with the proper approved equipment for the test? Yes _____ No _____ If testing for an Exception Yes _____ No _____ REQUIRED please specify the exception _____ A junior applicant or parent / guardian must contact TDInc. office prior to submitting the application.
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*Any dog that might be held, lifted or carried during visits must also perform this exercise held by the handler.

Observation Sections 8 – 11

MINIMUM OF THREE OBSERVATIONS REQUIRED and a MAXIMUM OF FOUR ALLOWED

Two observations must be done at a medical care facility.

The T/O must return all failed tests along with release of claims to the office within 7 business days.

Please use the comment section for all exceptions.

8. Type of facility used for observation Medical _____ Other _____

Small dog held by handler for observation Yes _____ No _____

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS___ FAIL___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS _____ FAIL _____

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Did the prospective handler arrive with the proper approved equipment for the test? Yes _____ No _____

Comments: _____

9. Type of facility used for observation Medical _____ Other _____

Small dog held by handler for observation Yes _____ No _____

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS___ FAIL___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS _____ FAIL _____

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____

10. Type of facility used for observation Medical _____ Other _____

Small dog held by handler for observation Yes _____ No _____

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS___ FAIL___ Additional Observation needed (comment required) _____

The handler has the ability to safely handle this dog. PASS _____ FAIL _____

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____

11. (4th observation if needed)

Type of facility used for observation Medical _____ Other _____

Small dog held by handler for observation Yes _____ No _____

The team demonstrated the appropriate skills to safely interact with people in animal assisted functions.

PASS___ FAIL___ The handler has the ability to safely handle this dog. PASS _____ FAIL _____

OBSERVER SIGNATURE _____ Date _____

OBSERVER NAME (print) _____

Comments: _____