



## Caring Canines Therapy Dog Program Questionnaire

Interested in becoming a therapy dog team?

Answer a few questions and our program director will be in touch.

Your name \_\_\_\_\_

Dog's name \_\_\_\_\_

Dog's age/breed \_\_\_\_\_

Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Does your dog Consistently and Reliably:

- Sit
- Down
- Stay

Does your dog Consistently and Reliably:

- Respond to his/her name
- Have a solid recall (come when called)
- Walk on a nice, loose leash in a harness or flat collar (no prong, pinch, or shock collars)
- Stay on one side of you while walking

Is your dog dog-friendly and show appropriate interactions with other dogs (no aggression, fear, jumping, growling)?

Is your dog people-friendly and greets without jumping, pawing, or getting over-excited?