



# Valley Humane Society Canine Comfort Dog Application

Handler Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pet Name: \_\_\_\_\_ Sex:  M  F Spay/Neutered:  Y  N

Pet Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Breed: \_\_\_\_\_

Length of time this pet has been a member of your family: \_\_\_\_\_

Where did you acquire your pet?  Adopted  Breeder  Breed Rescue Age Acquired: \_\_\_\_\_

Please specify name of adoption center, breeder, or rescue: \_\_\_\_\_

**Why do you want to be a Canine Comfort Pet Therapy Team?** \_\_\_\_\_

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Is your pet already certified as a therapy animal?  Y  N

If yes, which through organization? \_\_\_\_\_

**Please circle your pet's favorite client groups. Has your pet ever exhibited any of the following behaviors towards these groups?**

	Seniors	Men	Women	Teens	Children	Toddlers
Barking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bared Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bitten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate your pet's reaction to "strangers" met in public for each age group:**

	Seniors	Men	Women	Teens	Children	Toddlers
Calm & Gentle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy & Timid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indifferent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exuberant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tolerant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Has your pet ever exhibited any of the following behaviors towards dogs?**

Barking  Growling  Bitten  Bared Teeth  None of the above

**Which of these best describes your pet's response to dogs?**

Excited  Anxious to Play  Okay with other dogs coming up to sniff  Shy  Protective of Me  
 Indifferent  Cowers  Tense  Growls  Guarding  Barks  Aggressive

Please describe your pet's social skills and preferences when interacting with other animals: \_\_\_\_\_

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Does your pet dislike being handled on any particular part of his/her body (ears, feet, tail, etc.)?  Y  N

If yes, please describe: \_\_\_\_\_

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Which of these best describes your pet's personality:

- Happy-go-lucky     Loving     Snugly     Quiet     Shy     Easily Distracted  
 Easily Excited     Active     Couch Potato     Nervous     Curious

Please indicate which behaviors your dog typically displays when visiting *new* public places with low levels of activity and unfamiliar people and dogs:

- Indifference     Easygoing     Nervous     Outgoing/Friendly to all     Mildly Excited/Interested  
 Gentle/Polite     Very Excited/Highly Stimulated     Jumps on People     Vocalizes/Barks/"Talks"

Does your pet currently display any fear reaction to any of the following?

- Ramps     Stairs     Elevators     Staircases     Wheelchairs     Canes     Crutches  
 Walkers     Loud Noises     Hats     Coats     Beards     Children Playing  
 Joggers     People Approaching Him/Her     Being Held/Restrained

What obedience training and other training courses has your dog completed?

Date                      Organization                      Course

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List obedience commands that your dog will respond to reliably while in public places: \_\_\_\_\_

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When walking your dog, what type of equipment do you utilize? (No flexi leashes or prong collars permitted)

- Martingale Collar     Gentle Leader or Halti     Choke Collar     Flat Collar     Harness

What is the length of your leash? \_\_\_\_\_

Please describe your dog's leash manners. He/she pulls at the leash:

- Never     Sometimes     Always     Only at the sight of other animals     Only at the sight of people