

Owner/Handler Questionnaire

Volunteer with Your Dog at Aultman Hospital

** Dogs who are fed a diet of raw meat and raw crushed bone are not eligible for evaluation by our programs and facilities, and are not permitted to have patient contact.

** Dogs who have had protection training, (Schutzhund, police work) are ineligible for consideration as Delta Society Pet Partners. This includes retired canine officers.

Name: _____ Home Phone: _____
Address: _____ Work Phone: _____
City _____ St _____ Zip _____ Email: _____

Have you had experience with medically fragile individuals? Y N

Explain _____

Please complete this section about the pet you wish to become Delta Society certified

Pet's Name _____ Age of pet _____ Breed _____

Sex _____ Neutered/Intact _____ Weight _____

Veterinary Clinic _____ Date of last inoculations/exam: _____

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Type of parasite preventative? _____ Is your pet housebroken? Y N

Is your pet an excitable urinator? Y N

Does your pet mark territory? Y N

Where and when did you get your pet?

What do you feed your pet? _____

Describe the socialization history of your pet, including situations inside and outside the home, crowds and other animals. (Use back if needed)

Has your animal been around children? Y N What ages? _____

Explain experience with children:

Which obedience commands does your dog respond to reliably?

Have you and your dog completed formal obedience training? Y N

If so, facility name _____

Over

Describe any physical or medical restrictions you or your pet have:

Have you had a negative TB screening? Y N When and where? _____

(Annual screening required to visit in many health care facilities—regulations per facility).

Are there any types of individuals, objects or noises that your animal seems uncomfortable with?

(Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> People wearing hats | <input type="checkbox"/> Toddlers | <input type="checkbox"/> Angry yelling |
| <input type="checkbox"/> People who move differently | <input type="checkbox"/> Unfamiliar animals | <input type="checkbox"/> Thunder |
| <input type="checkbox"/> People of a different race | <input type="checkbox"/> People with facial hair | |
| <input type="checkbox"/> People using unusual equipment | <input type="checkbox"/> People with unusual speech | |

Any other things that frighten your animal? _____

Has your animal ever acted aggressively (growled, bitten, spooked) at a person or another animal?

Pet Partner therapy activities are often performed in groups, with our animal-handler teams working close together, side-by-side, sometimes in limited spaces. Describe your animal's behavior while in close proximity to other animals:

Why do you think you and your animal would be successful as volunteers in a therapy program?

I understand the special nature of Delta Society's Pet Partner volunteer program requires a loving, well-disciplined relationship between companion animals and their guardians. As a Pet Partner volunteer, I agree to strive for excellence, adhere to the program's volunteer guidelines, and offer a high level of dedication and professionalism to all my duties. I certify that all the above information is correct to the best of my knowledge.

Signed: _____ Date: _____

Please complete and mail or return to Aultman Hospital Volunteer Services:

Aultman Hospital Volunteer Services
2600 Sixth Street SW
Canton, OH 44710