



Ottawa Therapy Dogs Inc.

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Ottawa, Ontario K2G 5Y7
(613) 261-6834 (OTDI)
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www.ottawatherapydogs.ca

Therapy Dog Program Application Form

Your Name: _____
Address: _____
Postal code: _____
Area of city: _____
Phone (res): _____
Phone (bus): _____
Fax: _____
E-mail Address: _____
Name of Your Dog: _____
Age of Your Dog: _____

Please note that dogs must be a minimum of 2 years of age and younger than 11 years of age to be evaluated by Ottawa Therapy Dogs.

Handler Profile

Age Category: under 18 years over 18 years

Education/Professional Background _____

Occupation _____

Special Hobbies/Interest Areas _____

Languages Spoken/Understood (other than English) _____

Previous Volunteer Experience _____

Health Status (Do you have any health concerns that you want us to be aware of when considering a placement?) Yes No

If yes, please explain: _____

Why are you interested in becoming involved with a pet therapy program and what do you hope to contribute? _____

What do you expect to learn from this program? _____

When are you available for making therapy visits? (Check all that apply.) Weekday mornings

Weekday afternoons Weekday evenings Weekends Not sure/varies

My companion animal and I are most interested in (i.e. kind of visit; check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> animal-assisted activity program | <input type="checkbox"/> demonstrations |
| <input type="checkbox"/> "meet and greet" visits with several clients together | <input type="checkbox"/> READ literacy program (note: must have one year of OTD therapy dog work to apply for reading program) |
| <input type="checkbox"/> "therapy" work with professional | |
| <input type="checkbox"/> one-to-one visits | |

My companion animal and I would be comfortable visiting in (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> active treatment | <input type="checkbox"/> continuing care |
| <input type="checkbox"/> psychiatric/mental hospital | <input type="checkbox"/> day program |
| <input type="checkbox"/> "special care" (e.g. Alzheimer unit) | <input type="checkbox"/> correctional facility |
| <input type="checkbox"/> hospice/palliative | <input type="checkbox"/> schools, libraries, reading programs |
| <input type="checkbox"/> residential | <input type="checkbox"/> not sure |

My companion animal and I would be comfortable visiting (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> people with cognitive impairment (such as Alzheimers) | <input type="checkbox"/> people with substance dependency |
| <input type="checkbox"/> people with psychiatric/emotional illness | <input type="checkbox"/> people with substance dependency |
| <input type="checkbox"/> people with developmental disabilities | <input type="checkbox"/> healthy seniors |
| <input type="checkbox"/> people with communication disability | <input type="checkbox"/> people with medical needs |
| <input type="checkbox"/> people with behaviour concerns | <input type="checkbox"/> children |
| <input type="checkbox"/> | <input type="checkbox"/> adolescents |
| | <input type="checkbox"/> people with terminal illness |

Please supply the names and telephone numbers (both **daytime** and evening) of two local references (known to you for a minimum of two years but not family members):

Companion Animal Profile

Name _____

Breed _____

Male Neutered Yes No

Female Spayed Yes No¹

Date of Birth² _____

How did he/she come into your family³ (e.g. breeder, shelter rescue, stray)? _____

At what age did he/she come to live with you? _____

Name of veterinarian _____

Clinic _____

Has he/she had any formal obedience training with you? Yes No

If yes, what level? Where? _____

Describe obedience/training/correction used: _____

What commands does he/she respond to? _____

Does he/she perform any tricks? Yes No

If yes, describe: _____

Does he/she have any behaviours that are problems of concerns for you (e.g. mouthing, jumping up, excessive vocalization, submissive urination)? Yes No

If yes, describe: _____

Please describe your animal's socialization/behaviour around other animals: _____

Is there any group of people that your dog is not comfortable with (e.g. people with hats or sunglasses, people in uniform, men with beards, children, people with dark skin)? Yes No

If yes, describe: _____

Has your dog ever lunged, growled, snapped or bitten a person? Yes No

Another animal? Yes No

If yes, please describe circumstances: _____

How does your animal react to new situations? _____

Notes:

- 1) Bitches in estrus may not visit, and are advised against visits when pregnant.
- 2) Dogs must be a minimum of 2 years and younger than 11 years to test.
- 3) Rescued/re-homed dogs must be in new owner's home for more than 1 year before being evaluated.

Registration Process

Ottawa Therapy Dogs Inc.

Becoming a member of Ottawa Therapy Dogs Inc. begins with supplying the information requested in this application form, providing a \$25.00 evaluation fee (non-refundable), and submitting a copy of a current rabies certificate. Candidates must obtain their own Criminal Record Check. OTD will provide a covering letter to waive the police services fee after the candidate has attended our Orientation. We are available to answer any questions about the form, and about the process of becoming a working therapy dog team.

Ottawa Therapy Dogs Inc. (OTD) requires that dog and handler (the team) pass an evaluation by an OTD Evaluator. The fee for each dog evaluated is \$25.00, to be submitted with this application form along with a copy of a current rabies certificate (Note: dog cannot be tested without submission of rabies certificate or copy). After a successful evaluation, all required documentation—that is, an OTD Registration form signed by the Evaluator and applicant, OTD vet form signed by your vet, and \$40.00 registration fee must be submitted to OTD for approval. The registration must be received within three months of the evaluation. The OTD membership fee of \$40 is renewable January 1 of each year. Upon receipt of OTD membership, the team may begin working with Ottawa Therapy Dogs Inc.

Applicants must attend information and orientation sessions prior to evaluation. Additionally, some facilities require that therapy dog handlers attend an institutional volunteer training session.

After receiving OTD membership, we will assist the new team in selecting a placement for therapy work, with the aim of finding a “good fit” and a rewarding experience for dog, handler and client(s). For the initial two visits, the handler accompanies an experienced therapy team, without bringing his/her own companion animal. Then the new team is accompanied by an experienced handler for two visits. This mentoring arrangement helps to support the new team in gaining skill and confidence in their work.

After the placement is underway, we are available to answer questions, help solve problems that may come up, or arrange for a change of placement or an expansion of duties, as needed. Handlers are required to inform OTD if they will be absent for periods longer than 2 months or if they wish to make changes in their placement.

Ottawa Therapy Dogs Inc. meets during the year for orientation, evaluation, fundraisers or meetings. Members are invited to volunteer their time to OTD in any area of our work which may be of interest, attend meetings and help out at events.

We look forward to welcoming you and your dog to Ottawa Therapy Dogs Inc., and contributing to our community with this wonderful form of volunteering.

- I verify that all information submitted is truthful and complete.
- I have read and agree to abide by the terms of the registration process as described above.
- I have submitted the non-refundable \$25 evaluation fee payable to Ottawa Therapy Dogs Inc.
- I have submitted a current rabies certificate for my dog and two valid pieces of identification.

Signature

Date