****

**My Caring Paws**

**Pet Therapy Services - Site Evaluation Form**

***A Component Fund of the Community Foundation of Carroll County***

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Handler:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Dog:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Site Visit:    1          2**

\_\_\_\_\_(Initial) I have observed this team and reviewed the results with them. They have demonstrated the skills to interact safely with people in pet therapy functions at this time.

\_\_\_\_\_(Initial) I have observed this team and reviewed the results with them, further supervised visits are warranted.

|  |  |  |
| --- | --- | --- |
| **Circle One** | **Topic** | **Comments** |
| Yes No | Handlers in control of dog |  |
| Yes No | Was handler able to regain focus and control of dog if necessary?  |  |
| Yes No | Was dog able to follow handlers commands |  |
| Yes No | Did handler use positive reinforcement/praise for good behavior?  |  |
| Yes No | Did dog appear willing and interested in visiting with clients?  |  |
| Yes No | Did dog remain calm around equipment, loud noises, active children?  |  |
| Yes No | Was handler pleasant and comfortable with surroundings?  |  |
| Yes No | Was handler able to recognize and respond appropriately to dog’s calming signals ? if needed. |  |
| Yes No | Was handler able to keep primary focus on their dog during the visit and maintain the 2 foot distance when visiting with other teams?  |  |
| Yes No | Did the dog and handler have fun/enjoy the Visit? |  |

**FORM 09-2023**