



The Foundation for Pet Provided Therapy  
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326

## CONTROL Evaluation

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ (at least 12 months)

Dog Owner/Handler's Name \_\_\_\_\_ Location of Evaluation \_\_\_\_\_

*This Dog Obedience/Control Evaluation is to be completed before going out on any visits.*

**INSTRUCTIONS TO EVALUATOR:** This evaluation is to be filled out by a veterinarian, behaviorist, or professional dog obedience instructor or trainer. When evaluating the pet, answer as if this pet were going to be visiting you or a relative of yours. (Love on a Leash chapter leaders, and/or visit captains may evaluate a pet ONLY under the direction of a veterinarian, behaviorist, or professional dog obedience instructor or trainer.)

Candidates for membership in Love on a Leash can not evaluate their own dog.

**Please Note:** Any dog that shows aggression toward a person or another dog is automatically disqualified.

1. Is the pet able to do a sit, lie down, heel with people close by, come when called while on a leash, and do a two minute down or sit/stay with the owner holding the leash?  YES  NO
2. Is the owner able to greet a friendly stranger who has a dog? Is the owner able to maintain control without the dog being aggressive or over stimulated?  YES  NO
3. Is the pet able to sit for petting and allow its head, ears, feet and tail to be touched?  YES  NO
4. Is the pet clean and well groomed?  YES  NO
5. Is the pet under control with people around?  YES  NO
6. Is the pet able to maintain composure when a stranger approaches in an erratic manner?  YES  NO
7. Would you like this pet to visit you or a relative of yours?  YES  NO
8. Is mouthing, biting, dodging or aggression apparent?  YES  NO
9. Is the pet sound sensitive?  YES  NO
10. Does the pet show signs of fear or shyness?  YES  NO
11. Does the pet appear to have any training difficulties or behavior problems that might interfere with its ability to work as a therapy pet?  YES  NO

---

### FOR EVALUATOR ONLY

Name of Evaluator (Please Print) \_\_\_\_\_

Professional certification (e.g., CGC Evaluator #, professional membership, etc.) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_