



Foundation for Pet Provided Therapy
Love on a Leash
P. O. Box 4115, Oceanside, CA 92052-4115

Evaluation for all pets other than dogs:

Pet Owner's Name: _____

Pet's Name: _____ Breed/Type/Species: _____

The section below is to be filled out by the pet's veterinarian.

1. Does the pet owner control the pet in a safe manner around people and other animals? Yes No Comment _____

2. Does the pet wear a leash, collar, harness or other control device? Yes No

3. Is the pet housetrained? Yes No If no does this appear to be a problem? (For example, small rabbits can be carried in a basket.) Comment _____

4. Does the pet seem to enjoy being touched or handled by people? Including strangers? Yes No

5. Is the pet well mannered during the exam? Yes No Is there any struggling, fighting, scratching or biting? Yes No

6. Does the pet's personality seem to suggest that this pet would make a good therapy pet? Yes No

7. Is the pet up to date on all recommended vaccinations? Yes No

8. Is the pet- at this time- healthy and clean? Yes No

9. Do you recommend that this pet be included in our therapy pet program?
Comments: _____

Veterinarian's name _____ Date _____

Attach business card here: