



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

## VISIT Evaluation

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

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

**INSTRUCTIONS TO EVALUATOR:** This evaluation is to be filled out by an experienced visit captain, chapter leader, or Love on a Leash member (with at least one year's membership in Loal), who has observed this pet on at least **five visits**. This form is to be completed at the END of the 10 hours of visits that are documented on the "10 Hour Visit Record".

Candidates for membership in *Love on a Leash* cannot evaluate their own pet.

1. On how many visits have you observed this visit team? \_\_\_\_\_
2. Does the pet seem to like people and relate well to people?  YES  NO
3. Is the pet under control of the owner when it interacts with others?  YES  NO
4. Is the owner able to get the pet close enough to people during visits?  YES  NO
5. Is the owner able to initiate conversations with people and stimulate interest in the pet?  YES  NO
6. Does the owner relate well with people in general?  YES  NO
7. Based on your observations, do you feel this pet is a good candidate for pet therapy?  YES  NO
8. Would you like this pet and its owner to continue visiting your facility?  YES  NO
9. Is there any behavior you would like them to work on?  YES  NO

Please explain: \_\_\_\_\_

\_\_\_\_\_

---

### FOR EVALUATOR ONLY

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

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

Title \_\_\_\_\_

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

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

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