


4 Paws of Love

Final Visit Evaluation

This evaluation is to be completed at the conclusion of all the supervised, logged visits by the individual who has supervised the handler and dog for at least five (5) of the minimum ten supervised visits.

 No more than one hour per day is allowed for supervised visits.

 The Initial Evaluation form and the Final Visit Evaluation form must be done by two different individuals.

Dog's Name _____

Handler's Name _____

Phone Number _____ Email _____

Handler's Address _____ City _____

State _____ Zip Code _____

1. On how many visits have you supervised the handler and dog? _____

2. Does the dog seem to like and relate well to people? YES NO

3. Is the dog under control of the handler when it interacts with others? YES NO

4. Is the dog able to walk on a leash without pulling? YES NO

5. Is the handler able to get the dog close enough to people during visits? YES NO

6. Is the handler able to initiate conversations with people and stimulate interest in the dog? YES NO

7. Do you feel the handler and dog qualify to become a 4 Paws of Love pet therapy team at this time?

YES NO (If 'No', please explain: ie: recommending additional supervised visits, training, classes, etc..

Use back of page if necessary): _____

8. Is there any behavior you would like the handler and dog to work on that would not disqualify this team for therapy work? YES NO Please explain (use back of page if necessary): _____

9. Pass YES Not ready at this time (re-evaluate based on comments made in #7 and #8).

For Evaluator Only: If the team is not ready to be certified at this time (see #7, #8), only you can re-evaluate them in the future.

The team must send in all completed forms when applying for membership.

Name of Evaluator (Please Print) _____

Title _____

Email _____

(Signature only if approving the team for certification)

Signature of Evaluator: _____

Date of Evaluation: _____