4 Paws of Love

Initial Evaluation

*	Your Initial Evaluation is to be completed before starting your supervised visits.
a pp	The Initial Evaluation must be conducted by a certified behaviorist, certified dog trainer, or AKC proved Canine Good Citizen (CGC) evaluator.
*	You need to carry a copy of the completed Initial Evaluation during your supervised visits.
cor	Supervised visits and all required documents must be completed and submitted within one (1) year of mpleting the Initial Evaluation.
₩ Lov	The following may not be utilized during the Initial Evaluation or any visits associated with 4 Paws of ve: pinch collars, prong collars, electronic type collars, muzzles, or any similar control devises.
*	Flat collars, buckle collars, martingale collars, harnesses, and gentle leaders are all acceptable.
*	The dog must be on a four (4) foot leash during the Initial Evaluation and during all visits.
Note: Any display of aggression will be cause for immediate disqualification.	
Do	g's Name Breed
Αg	ge (must be one (1) year or older)
Ha	andler's Name Phone Number
Em	nail
На	ndler's AddressCity
Sta	ate Zip Code
1.	Is the dog able to do a sit, lie down, heel with people close by, and come when called while on a leash? \Box YES \Box NO
2.	Does the dog bark when approached by people or other dogs? \square YES \square NO
3.	Does the dog remain calm when it hears loud sounds (ie: screaming, music, banging)? ☐ YES ☐ NO

4. Is the dog able to do a two (2) minute down or sit/stay with the handler holding the leash?□ YES □ NO
5. Does the dog become aggressive when approached by a stranger who has a dog? \Box YES \Box NO
6. Is the handler able to maintain control of the dog without the dog pulling on the leash? \Box YES \Box NO
7. Does the dog allow strangers to pet it (feet, head, tail, ears, body touched)? \Box YES \Box NO
8. Is the dog clean and well groomed? □ YES □ NO
9. Is the dog able to maintain composure when a stranger approaches in an unpredictable manner? ☐ YES ☐ NO
10. Does the dog show signs of fear or shyness? \square YES \square NO
11. Does the dog gently take a treat by a stranger? \square YES \square NO
12. Does the dog or handler appear to have any training difficulties or behavior problems that may impede with their ability to become a pet therapy team? (If yes, turn page over and explain) \square YES \square NO
FOR EVALUATOR ONLY: Complete information below. An incomplete Initial Evaluation form will not be accepted by 4 Paws Of Love.
Name of Evaluator (Please Print)
Location of Evaluation
Professional certification (e.g., CGC Evaluator #, professional membership, etc.)
Address City
State Zip Phone
Email
Signature of Evaluator
Date of Evaluation