



## Paws for Healing Volunteer Application Packet



### Training Information

#### Classes

Our training is held over three (3) dates on consecutive Saturdays. The first Saturday class is from 9:00 a.m. to noon and will consist of a general introduction to therapy work and to our organization, as well as preparation for the evaluation of your dog, what we will be doing and why. **Please do not bring your dog on this day.** The second Saturday will be dog evaluation day. You will be given an appointment for the evaluation so you will know when to bring your dog to be evaluated and to have your team photo taken, get your dog measured for his/her uniform, etc. The third Saturday will be class room instruction for those that have passed the evaluation. It will start at 9:00 a.m. and should be completed by noon.

If you wish to attend, the attached forms must be completed in their entirety. You may use PayPal to pay for registration. A confirmation will be sent to you within three weeks after receipt with directions and information regarding the class. Paws for Healing reserves the right to refuse participation after a complete review by our Application Committee. In order to be able to receive email responses for information and/or class training acknowledgements, please add a contact name to your email address book "Paws for Healing" with the email address: [info@pawsforhealing.org](mailto:info@pawsforhealing.org). Also check your emails spam or junk folder for email from [info@pawsforhealing.org](mailto:info@pawsforhealing.org).

#### Canine Certification Requirements

- All dogs must have resided in the applicant's household for a minimum of six (6) months prior to evaluation.
- Dogs must be a minimum of one (1) year old.
- In order for a canine team to pass the evaluation, the dog must pass each of the seven (7) evaluation categories. The categories are: (1) friendly stranger, (2) food on the floor, (3) negotiating a tight space, (4) skin and tail grab, (5) medical equipment encounter, (6) loud noise, (7) odd stranger.
- Any dog that eliminates/voids or shows aggression (growl, snap, bite, attack or attempts to bite or attack any person or dog) during the evaluation may not qualify for the program.
- Dogs will be handled humanely. Any handler who displays inhumane conduct or who is observed to kick, strike or otherwise roughly manhandle a canine at any time during the evaluation will be dismissed.
- Handlers must be able to control their dogs at all times. Any individual deemed by the evaluator(s) to be unable to satisfactorily maintain control of their dog will not qualify for the program.



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### **If your dog does not pass the first temperament evaluation:**

Should a canine fail the temperament evaluation he/she can be re-evaluated after appropriate training at our next training or within the next six (6) months. Handlers may be excused from the third consecutive Saturday until the dog has successfully completed a re-evaluation at which time they will attend our next third Saturday session. Should a canine fail to meet the requirements for a second time, the canine may not be considered for our program and all funds will be refunded.

### **Collars, Leashes and Uniforms**

All dogs should wear well-fitting collars of either leather or fabric. Choke chains, prong collars and gentle leaders are **NOT** permitted during the evaluation or on therapy visits. The leash must be either leather or fabric. **No** chain leashes and absolutely **NO** retractable leashes are allowed. Four (4) foot or six (6) foot leash lengths are acceptable. A four (4) foot leash is preferred. Dogs to be evaluated must be brushed, clean, and free of odor and fleas. Any post-surgical dog must have a veterinarian's approval to attend.

Certified dogs will be required to wear a Paws for Healing uniform when performing Canine-Assisted Therapy visits. Most facilities require our volunteers to wear some form of organization identification and a Paws for Healing shirt as a minimum. We have available T-shirts, polo shirts and vests for both men and women.

## **Canine and Handler Evaluation**

### **Grooming and Cleanliness**

During this process, our trainers and assistants will examine your dog's eyes, ears, teeth, breath, coat, skin, paws, pads, and nails.

**WHY?** Therapy dogs should be clean and well groomed. This demonstrates the owner's sense of responsibility for the dog's appearance.

### **All-Over Body Handling**

During the check for grooming, your dog will be touched all over – head, ears, body, feet, tail, etc.

**WHY?** Therapy dogs work in situations where they may be touched all over by strangers. Tolerance to touch is a basic prerequisite for being a certified therapy dog.

### **Good Canine Manners and Basic Handling Skills**

During the evaluation, you will be asked to demonstrate basic handling skills with your dog on leash. As the handler, you will be evaluated for your ability to be mindful of your dog's presence and behavior at all times. Use of your voice, treats, and the leash (on a flat collar, only), are all acceptable methods of providing control.

**WHY?** Good manners are required of a certified therapy dog. Your effective handling skills will help influence the dog's behavior. Reinforcing the dog's good behavior, using positive interventions, and encouraging positive interactions with our "patients" are all part of a handler's responsibilities.

### **Distractions in the environment**

These may include food on the floor (which, during the evaluation, will be considered "poison"). The handler should be able to redirect the dog's attention by using a "Leave it!" command or something similar. Loud noises, and/or the sudden opening of an umbrella will be incorporated in the evaluation process. Persons with a shuffling gait, exaggerated motions, a loud or emotional voice, may simulate an "odd" or infirmed stranger or the actions of children.



**WHY?** These parts of the evaluation are used to screen the handler's awareness of the environment while handling his/her dog. Food or medicine on the floor may occur in a health care environment or kids often have snacks or lunches with them in school settings. Loud noises or the opening of the umbrella may surprise or startle a dog but should not be so startling that they panic, run or show aggressiveness. Children can also act unpredictably and scream or shout. We look for a quick "recovery" from such surprises and how you help your dog recover from such events. The exposure to these situations helps us evaluate your dog's confidence as well as your ability

### **Confined Spaces**

Typically, we will set up a hospital bed setting in a small area, where the handler will have to carefully maneuver the dog, sit down and visit with our "patient."

**WHY?** Your handling skills are important here, as well as your ability to communicate the purpose of your visit with our "patient." Remember to introduce yourself by name and as being from Paws for Healing, explain the nature of your "visit," and bring your dog into the room at the patient's bedside. During this visit do not place dog on the bed. In an actual health care environment, a patient may be recovering from surgery, have wounds and/or be using medical equipment such as IV's and monitors. We do encourage you to sit with your dog at your side, or in your lap, while talking with the bedridden "patient." If your dog is a licker or kisser, please know how to control this behavior as some facilities and some patients do not want to be licked or kissed.

### **Exposure to Medical Equipment**

The evaluation will include the use of wheelchairs, walkers, canes or crutches.

**WHY?** Medical equipment is often encountered in the environments where therapy dogs work. The equipment must not be so distracting or disturbing to the dog that he refuses to engage with the "patient." The dog must not show any aggressiveness or be overly fearful when around such equipment.

### **Please Remember**

You and your dog are a team! When certified, you will be working together to benefit the lives of real patients, students, and others in hospitals, schools, libraries and institutions. If you and/or your dog do not pass this evaluation the first time, you will have an opportunity to join obedience classes, or work one-on-one with a trainer to improve your chances of passing in the future.

If you have any questions about any of the situations described above, please contact Nanci Caron at 707-253-0313.

Thank you from the Evaluation Team at Paws for Healing!

Nanci Caron  
Assistant Canine Evaluator



## Registration Information

**The following items need to be completed and submitted prior to class training:**

- \$75.00 Enrollment fee. There is an additional fee of \$25.00 for each additional handler and/or dog.
- Handler Profile Form
- Canine Profile Form
- Media Authorization and Liability Release Form
- Canine Medical Form (completed and signed by the veterinarian)
- Copy of rabies certificate
- Copy of vaccination record
- Copy of county dog license

**Submit completed application packet to:**

Paws for Healing  
1370 Trancas St. PMB #127  
Napa, CA 94558

**Other Important Information:**

- Should you have a family member or friend wishing to attend with you and your canine, please have that person complete a separate *Handler Profile Form*, *Release from Liability Form*, and *Media Authorization and Release Form*.
- If you have more than one canine to be evaluated, please submit a separate *Canine Profile Form*, *Canine Medical Form* and copies of the rabies, vaccination record and dog license for each dog.
- All handlers must be a minimum of 16 years old.

**48- Hour Cancellation Policy:**

Should you need to cancel and do not plan to attend the next training, please notify us 48 hours (before 8:00 a.m. on Thursday before the next evaluation) so we may refund your tuition.



Handler Profile Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit Number.  
\_\_\_\_\_  
City State Zip Code County

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about Paws for Healing? \_\_\_\_\_

Please list a brief history of any prior volunteer involvement and/or Animal Therapy Organizations:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any skills or experience that might be helpful to the organization:  
\_\_\_\_\_  
\_\_\_\_\_

- Program assignment preferences:
- Children at Risk
  - Educational Programs
  - Mental Health Venues
  - Convalescent Homes/Assisted Living
  - Veterans Programs
  - Paws for Reading Program (children)
  - Hospitals

Have you ever been convicted of a felony?  Yes  No

I certify that my answers are true and complete to the best of my knowledge.  
I understand that false or misleading information in my application may result in my not being accepted as a volunteer. Please note that after having checked with both our attorney and insurance company, we find regrettably, Paws for Healing cannot provide services involving a volunteer with a felony conviction. This includes all activities, such as trainings or special events, as well.

Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Canine Profile Form

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female Altered:  Yes  No Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Dog License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ County: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from Handler information)

Address: \_\_\_\_\_  
*Street City Zip County*

Where did you get your dog?  Shelter  Rescue  Breeder  Pet Store  Other: \_\_\_\_\_

How long have you owned your dog? \_\_\_\_\_

Level of Obedience Training:  Beginning  Intermediate  Advanced  Canine Good Citizen

List other certificates or awards: \_\_\_\_\_  
\_\_\_\_\_

List or describe any tricks or behaviors unique to your dog: \_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions:

- Yes  No Is your dog housebroken?
- Yes  No Does your dog get along with other dogs?
- Yes  No Is your dog shy/nervous in crowds?
- Yes  No Is your dog comfortable when approached by strangers?
- Yes  No Does your dog get car sick?
- Yes  No Is your dog on heartworm preventative?
- Yes  No Is your dog flea free?

I certify that my answers are true and complete to the best of my knowledge.

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Release from Liability Form**

I, \_\_\_\_\_, indemnify and hold Paws for Healing, Inc., harmless from and against all claims, losses, liabilities and damage to persons or property, governmental charges or fines and attorneys' fees arising out of the acts or omissions of Paws for Healing, Inc. Canine Therapy Dog Training, workshops, seminars, meetings, or any gatherings sponsored by or conducted by Paws for Healing, Inc., including but not limited to interactions with instructors, attendees, or animals, demonstrations involving m canine or transportation of my canine to or from the training site or within the training site.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Media Authorization and Release Form**

I \_\_\_\_\_, do hereby irrevocably authorize Paws for Healing, Inc., its successors and assigns and those acting under its permission on its authority to copyright use, and publish, or art, sales, materials, advertising promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and/or my dog(s), or in which I/we may be included in whole or in part, or composite or distorted in character, or form, in conjunction with my/our own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to Paws for Healing, Inc., without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or advertising or other copy that may be used in connection therewith or the use to which it may be applied. The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assigns.

The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief. The undersigned further warrants that he/she is of full age and has every right to contract in his/her own name in the above regard further that he/she has read the above authorization and release, prior to its execution, and that he /she is fully familiar with the contents thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



Canine Medical Form

This form is to be completed and signed by a Veterinarian, NOT the Paws for Healing applicant.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female Altered:  Yes  No Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Dog is on preventative program:  Heartguard Plus  Interceptor  Sentinel  Other \_\_\_\_\_

Vaccination Information:

Table with 4 columns: Description, Expiration Date, Description (At Veterinarian's Discretion), Expiration Date. Rows include Rabies, DHPP, Bordetella, and Corona Virus.

Has this dog ever been diagnosed with the following:

- Checkboxes for Yes/No for Campylobacteriosis, Yersiniosis, Salmonellosis, Staphylococcus that was resistant to antibiotics, Canine Brucellosis, and Cutaneous Dermatophytes.

- Checkboxes for Yes/No for: Is this dog at risk for Leptospirosis? Does this dog actively herd sheep, cattle, or have access to cattle pastures? Has this dog ever been diagnosed as having a nematode infestation...? Does this dog have routine problems with fleas and ticks? To your knowledge has this dog ever bitten anyone?

Describe general state of health and temperament, noting any concerns not covered above: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Print Name Signature Date

Name of Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_