

## Registration for Evaluation

### **EACH PERSON COMPLETES THIS PAPERWORK →**

- a) Volunteer Profile Form (1 per animal)
- b) Reference Forms (2)
- c) Veterinarian Form
- d) Veterinarian certificate of vaccination (or receipt)

### **Step #1: When you have received the application packet →**

- a) **Send in your completed forms and \$20**, which is non-refundable and covers your manual, and costs associated with the workshop. If your animal does not pass the test, you will not have to pay the remainder of the registration costs.
- b) **You will receive an email confirmation** that your registration was received, with directions and information. Actual appointment time to follow.

### **Step #2: Attend the Workshop & Evaluations →**

- a) **You will need to arrive about 15 minutes prior to your appointment.** Your dog must use a buckle collar and a **FOUR-foot regular lead** (no flexi leads). No treats.
- b) **The test will start.** The testing consists of the AKC's Canine Good Citizen test and the SCDogs aptitude testing. *Animals that act aggressively or that are overly shy or obviously stressed will be dismissed from the test. Our goal is to provide you and your animal with a positive and safe experience.*
- c) **After passing the test, you will submit your remaining membership fee of \$35 (P/A).** You will also have your photo taken for a badge.
- d) **You'll receive your manual and attend our interactive workshop.** Counselors, educators, and health care professionals have carefully devised this workshop for you

### **Step #3: FINAL STEP towards registration: The Training Visits →**

- a) After the workshop and testing, we will help you locate a Team Leader in your area to undertake an observation visit without your animal within 30 days of testing
- b) You then must do TWO "training" visits with your animal within 90 days of evaluation date. The Team Leader will help guide you through new interactions with clients.
- c) Hand in your provisional ID and the Team Leader will notify our registration person when you have completed your visits.
- d) THEN you will receive your permanent ID badge and your animal's ID tag and be added to our volunteer database.
- e) Now you can seek out the SCDogs visits in your area that are most appropriate and begin visiting with us!

***READ CAREFULLY-*** *I have read the information stating what is required of myself and my companion animal concerning the SCDogs Workshop and Evaluation. I understand that I am solely responsible for my dog and will be responsible for any damage caused. NO, No, no, pinch collars, choke chain, slip collars, treats, retractable leashes at the facility, inside or out. The following will be dismissed from the testing site: aggressive animals, dogs eliminating indoors, handlers not in control of their animals. Keep your animals away from staff, residents and other dogs unless an SCDogs Teams Supervisor or Evaluator accompanies you.*

SCDogs® Therapy Group, Inc.

**A: Handler/Animal Companion Profile-** fill out one for each handler/animal DATE:

**ID Badge#** \_\_\_\_\_ **year/month/#tested** \_\_\_\_\_

|  |                           |                       |
|--|---------------------------|-----------------------|
| Handler's Name   |                           |                       |
| Street   |                           |                       |
| City   | State                     | ZIP                   |
| Email  |                           |                       |
| Home phone   | Cell                      | Business phone        |
| Emergency contact  |                           |                       |
| Animal's name  | Species/Predominant Breed | Age<br>(must be 6mo+) |
| Male or Female   | Intact or Altered         |                       |
| Vet name:  | Add:                      |                       |
| Vet telephone #  |                           |                       |
| Best time to reach you   |                           |                       |
| What area do you prefer?   |                           |                       |
| When are you available for visiting?   |                           |                       |
| What types of facilities are you interested in visiting?   |                           |                       |
| Describe any obedience and/or specialized training your companion animal has had<br>(animals must know basic obedience commands and be controllable):  |                           |                       |
| How does your companion animal react to other animals?   |                           |                       |
| Does your animal have any special traits/needs that we need to be aware of?  |                           |                       |
| Is there any population your animal is uncomfortable around?   |                           |                       |
| Please share any comments you have about your animal.  |                           |                       |
| How did you hear about the SCDogs program?   |                           |                       |
| Please list any special talents/skills you have that you would like to offer to the group:   |                           |                       |
| <b>SCDogs will not distribute your information outside of our volunteer organization.</b>  |                           |                       |
| Do not write below this line.  |                           |                       |
| <input type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> RENEWAL<br>Payment information<br><input type="checkbox"/> Student <input type="checkbox"/> Regular<br>(Date/\$amt) <input type="checkbox"/> Orientation _____ <input type="checkbox"/> Pre-registration _____ <input type="checkbox"/> Registration _____<br>Vaccinations due: _____ |                           |                       |

SCDogs® Therapy Group, Inc.

**B: REFERENCE SHEET for APPLICANT**

\_\_\_\_\_ (Applicant) has applied to become a:

Registered Animal Assisted Activity/Therapy Volunteer with the SCDogs Therapy Group.

**Please help us by completing the requested information and returning the form in an envelope to the potential volunteer with your signature across the seal. The potential volunteer will return the form to us. Not a relative please.**

Please check the relevant statements or write a personal note.

I have known this applicant for \_\_\_ years and feel that he/she would be suited to perform therapy work in a variety of facilities.

- \_\_\_\_\_ Has an outgoing and friendly attitude
- \_\_\_\_\_ Shows up when expected
- \_\_\_\_\_ Takes good care of his/her pets
- \_\_\_\_\_ Has trained the pet to be calm and attentive
- \_\_\_\_\_ Has shown a willingness to follow policies
- \_\_\_\_\_ Is prepared to take guidance from a supervisor
- \_\_\_\_\_ Is trustworthy

Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Relationship to applicant: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B: VETERINARIAN CERTIFICATE**

Proof of Vaccinations and Good Health

SCDogs® Therapy Group, Inc. requires new members to provide proof that their animal has current immunizations and is in good health. Please have your veterinarian complete the following information and attach a copy of your pet's current immunization record.

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Distemper/Parvo – Vaccination Date: \_\_\_\_\_

(If your animal is six years or older an initial titer will be accepted)

Rabies – Vaccination Date: \_\_\_\_\_

Negative Fecal Test Date \_\_\_\_\_

In your opinion, does this pet have a suitable temperament for therapy work? \_\_\_\_\_

Is this animal healthy enough to perform all duties of therapy work (including working with groups of other animals and people)? \_\_\_\_\_

Comments or concerns:

Veterinarian's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Veterinarian's Phone Number: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_

Owner's signature: \_\_\_\_\_

*For Your Information...About our evaluations...in brief* (this does not include every part of our testing)

- **PART I:** AKC's Canine Good Citizen SKILLS TEST (Dogs must pass 8 out of ten on the skills test to pass for SCDogs)
- **PART II:** SCDogs Therapy Group APTITUDE TEST meant to simulate visits and therapy sessions (**Animals must pass %100 percent**)  
*A modified version of these tests is available for non-canines*
- **Any sign of aggression (growling, snarling etc.) is an automatic fail of entire test, to help ensure that you and your animal have a pleasant and safe testing remain calm and in charge.**

### **PART I EXAMPLES OF ITEMS ON THE CGC TEST (SKILLS TEST)**

#### **#1 ACCEPTING A FRIENDLY STRANGER:**

An evaluator will walk up to the team and greet the handler; they shake hands.

#### **# 2 APPEARANCE AND GROOMING**

The evaluator will gently pull ears, inspect and hold tail, pick up front feet.

#### **# 3 OUT FOR A WALK IN A CROWD**

Dog should walk on loose lead with minimal corrections, should not jump onto people.

#### **# 4 SIT ON COMMAND, DOWN ON COMMAND, STAY IN POSITION, COME WHEN CALLED**

#### **# 5 REACTIONS TO ANOTHER DOG**

The team stops to greet another team with a dog as if out on a walk.

#### **# 6 SUPERVISED SEPARATION**

The evaluator will hold the leash of the dog while the handler goes out of sight.

### **PART II THE SCDOGS APTITUDE TEST**

#### **# 1 EQUIPMENT SOCIALIZATION, BUMPED FROM BEHIND EQUIPMENT**

The team walks around a person with a wheelchair, walker, cane or crutch.

\* Dogs cannot be shy of equipment. Gradually get your dog used to all sorts of moving objects. Remember to use praise and talk to him/her. Make it a pleasant experience, not a scary one.

**# 2 EXCITED GROUP PETTING AND RESTRAINING HUG-** \* very important, remember to reassure your dog when he accepts petting from strangers

**# 3 APPROACHED BY STAGGERING, GESTURING PERSON-** \* your animal must be safe around this type of activity because we frequently encounter it!!

**# 4 LEAVE IT COMMAND**

Dog is walked by food on the floor. Dog may show interest but must recover.

**# 5 SEVERAL DOGS AND PEOPLE IN A GROUP**

The testing team will visit with a person while a dog/person or rabbit/person team is visiting on either side within 4 ft. \* Really important. Your animal must get along with other dogs very well. We frequently encounter facility animals and we visit in large groups. Be careful around rabbits and cats if you have a dog. Dogs have a natural interest in them! But they can be startled if your dog lunges at them, causing an unsafe situation.

Handlers must be clean, well dressed, and show appropriate responses to simulated visits. They must maintain control over their animals and convey confidence.

**KEEP YOUR DOG ON A LEASH AT ALL TIMES AND BE AWARE OF YOUR SURROUNDINGS, THIS IS NEW EXPERIENCE FOR YOUR ANIMAL.**