

CANINE LINK VOLUNTEER APPLICATION

VOLUNTEER NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ MOBILE _____

EMAIL _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

EMAIL _____

HOME PHONE _____ MOBILE _____

DOG'S NAME _____

BREED _____

GENDER ☐ MALE ☐ FEMALE IS YOUR DOG SPAYED/NEUTERED? ☐ YES ☐ NO

DATE OF BIRTH? _____

WHERE DID YOU GET YOUR DOG? ☐ SHELTER ☐ BREEDER ☐ PETSTORE ☐ OTHER

PLEASE SPECIFY _____

HOW LONG HAVE YOU HAD YOUR DOG? _____

WHY ARE YOU CONSIDERING DOING THERAPY WORK WITH YOUR DOG? _____

CAN YOUR DOG "SIT" WITH A VERBAL OR HAND SIGNAL? ☐ YES ☐ NO

CAN YOUR DOG "DOWN" WITH A VERBAL OR HAND SIGNAL? ☐ YES ☐ NO

HOW DID YOUR DOG GET HIS/HER OBEDIENCE TRAINING? (CHECK ALL THAT APPLY)

- ☐ ATTENDED ONE GROUP CLASS
- ☐ ATTENDED MORE THAN ONE LEVEL OF GROUP CLASSES (BEGINNER, INTERMEDIATE, ETC)
- ☐ DOG WAS SENT TO A BOARD AND TRAIN PROGRAM
- ☐ PRIVATE LESSONS
- ☐ OTHER, PLEASE EXPLAIN _____

WHAT KIND OF COLLAR DO YOU USE TO WALK YOUR DOG?

- ☐ BUCKLE ☐ CHOKE COLLAR ☐ HEAD COLLAR
- ☐ HARNESS (LEASH CLIPS ON BACK) ☐ HARNESS (LEASH CLIPS ON FRONT)
- ☐ PRONG/PINCH ☐ OTHER _____

IS IT EFFECTIVE IN KEEPING HIM/HER UNDER CONTROL? ☐ YES ☐ NO

HOW WOULD YOU DESCRIBE THE ENERGY LEVEL OF YOUR DOG?

- ☐ LOW ☐ MEDIUM ☐ HIGH

WHICH OF THE FOLLOWING BEST DESCRIBES THE USE OF OBEDIENCE CUES WITH YOUR DOG AT HOME?

- ☐ KEY PART OF DAILY ACTIVITIES
- ☐ USED ON WALKS OR WHEN GUESTS COME OVER
- ☐ USED OCCASIONALLY TO BETTER CONTROL BEHAVIOR
- ☐ RARELY USED
- ☐ NOT APPLICABLE

DOES YOUR DOG WALK NICELY ON A LEASH?

☐ YES

☐ NO

DOES YOUR DOG SEE OTHER DOGS ON A DAILY BASIS?

☐ YES

☐ NO

HAS YOUR DOG EVER CHASED SOMEONE (OR WANTED TO) ON A SKATEBOARD/BICYCLE?

☐ YES

☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

DOES YOUR DOG SEEM UNCOMFORTABLE WITH ANY OF THE FOLLOWING? CHECK ALL THAT APPLY

☐ INFANTS

☐ MEN

☐ TEENAGERS

☐ TODDLERS

☐ WOMEN

☐ PEOPLE WEARING HATS

☐ MEN WITH FACIAL HAIR

ARE THERE ANY PARTICULAR TYPES OF PEOPLE THAT YOUR DOG SEEMS TO AUTOMATICALLY FEAR OR DISLIKE? _____

DESCRIBE HOW YOUR DOG REACTS WHEN MEETING A CHILD? _____

Canine Link Therapy Dogs

(855) 595-4651

caninelinktherapydogs@gmail.com

WHAT DOES YOUR DOG DO TO SHOW HE/SHE IS HAPPY? _____

WHAT DOES YOUR DOG DO TO SHOW HE/SHE IS UPSET? _____

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HAS YOUR DOG EVER GROWLED OR SNAPPED AT A PERSON WHO HAS TAKEN FOOD OR TOYS AWAY FROM HIM/HER? ☐ YES ☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES AND HOW DID YOU RESPOND? _____

DESCRIBE HOW YOUR DOG REACTS WHEN MEETING A NEW PERSON? _____

PLEASE DESCRIBE HOW YOUR DOG REACTS TO A PERSON IN A WHEELCHAIR OR WITH A WALKER? _____

HAS YOUR DOG EVER JUMPED UP ON SOMEONE? ☐ YES ☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

IS YOUR DOG HEALTHY? ☐ YES ☐ NO

IS YOUR DOG ON ANY MEDICATION (OTHER THAN FLEA/TICK AND HEARTWORM)? ☐ YES ☐ NO

IS YOUR DOG COMFORTABLE WITH BEING TOUCHED EVERYWHERE ON HIS/HER BODY? ☐ YES ☐ NO

IF NO, PLEASE SPECIFY THE AREAS THAT MAKE YOUR DOG UNCOMFORTABLE:

- ☐ EARS ☐ BELLY ☐ OTHER _____
- ☐ PAWS ☐ TAIL

DOES YOUR DOG HAVE ANY PROBLEMS IN THE FOLLOWING AREAS? IF YES, PLEASE EXPLAIN.

MOUTHING: _____

HOUSETRAINING: _____

BARKING: _____

DIGGING: _____

IGNORING COMMANDS: _____

IF OTHER, PLEASE SPECIFY _____

HAS YOUR DOG EVER GROWLED AT SOMEONE?

☐ YES ☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES AND HOW DID YOU RESPOND? _____

HAS YOUR DOG EVER BITTEN A PERSON?

☐ YES ☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES AND HOW DID YOU RESPOND? PLEASE DESCRIBE ANY MARKS OR INJURIES. _____

HAS YOUR DOG EVER PUT THEIR MOUTH ON A PERSON? SUCH AS ARM, HAND, LEG, PANTS, ETC.?

☐ YES ☐ NO

HAS YOUR DOG EVER BITTEN ANOTHER ANIMAL?

☐ YES ☐ NO

IF YES, WHAT WERE THE CIRCUMSTANCES AND HOW DID YOU RESPOND? PLEASE DESCRIBE ANY MARKS OR INJURIES. _____

PLEASE DESCRIBE SOME OF YOUR BACKGROUND AND INTERESTS. _____

HAVE YOU VOLUNTEERED FOR OTHER CAUSES?

☐ YES ☐ NO

IF YES, WHAT KIND OF VOLUNTEER WORK? _____

HOW DID YOU HEAR ABOUT CANINE LINK? _____
