

Annual Application for SD 51 Professional Therapy Dog Team

All paperwork to be turned in to the Environmental Health and Safety Office
Administration Building 2115 Grand Avenue, Grand Junction, CO 81501

Therapy Dog Handler

Name _____ Date _____

Home Address _____

Work phone _____ Home phone _____

Cell phone _____ Email _____

Occupation _____

Note: Only school-based mental health service providers are permitted to act as professional therapy dogs handlers in D51 while on contract time.

School(s) _____ where _____ employed _____

Note: Volunteer handlers are approved under the remediation and crisis provisions of D51's therapy dog regulations.

Therapy Dog

Dog Name _____ Age: Years _____ Months _____ Breed _____

Note: District 51 regulations require that Therapy Dogs be at least one year old before working in our schools.

Did you raise this dog from a puppy? Yes No

If no, what additional steps have you taken to ensure the dog has the appropriate temperament for this high stress environment?

Does the dog live with you? Yes No

If yes, how long? (District 51 regulation requires a minimum of one year.) Years _____ Months _____

Note: If no, this therapy dog team does not meet District 51 requirements and you do not need to continue filling out the form.

How long has this dog been certified as a therapy dog? Years _____ Months _____

While in your ownership, has this dog ever bitten a person? (See "bite" definition in Therapy Dog regulations) Yes No *Note: If yes, this therapy dog team is disqualified and need not continue.*

Veterinarian name _____ Phone _____

Is this dog current on its visit to the vet, shots, and in good physical and emotional health? Yes No

*****Attach a copy of the veterinarian health certificate, stool check and vaccination records to this application.**

Testing:

When did the therapy dog team pass the evaluation: Date of test _____

Evaluator Name _____ Phone _____

Organization _____

Date the therapy dog team passed the D51 Therapy Dog Assessment Part A and Part B _____

Date of test _____ Location of test _____

Note: Contact the Office of Environmental Health and Safety at 970-254-7525 to receive a list of D51 approved evaluators. It is the handler's responsibility to contact the evaluator, schedule the assessment and pay any applicable fees.

Evaluator's Signature _____

Date Therapy Dog Team Passed Assessment _____

**Please attach the assessment paperwork and registration documents to this application. (Only required for initial applications.)*

Paperwork Checklist: Paperwork that should be turned in to the principal or site administrator:

1. SD 51 Therapy Dog Team Application (turn in each year)
2. Canine Health Records:
 - a) Rabies—Administer every three years with the actual vaccination date signed by a veterinarian
 - b) Bordetella—Recommend annual administration but does not need a vet certification; document the date and type or brand of vaccination given and send in this information each time it is administered
 - c) 5 or 7-Way Parvo—Recommendations vary so follow the recommendations of your veterinarian but documentation of the date and type/brand of vaccination given should be sent each time it is administered
 - d) Worming—Recommend a yearly negative fecal exam OR heartworm medication given year round with a comprehensive wormer (one that also kills tapeworms) given annually.
3. Evaluator signed certificate of graduation from an advanced obedience course and completion of Canine Good Citizen assessment must be submitted with the initial application.
4. Evaluator signed assessment for the Therapy Dog Assessment Part A & B for SD 51 . Must be submitted the first year and renewed every two years thereafter. Teams must successfully retest with a District approved evaluator every two years.
5. Authorization Form. Must be submitted annually.
6. Photo of the therapy dog team (handler and dog). Must be submitted annually.
The information provided in this application and the attached forms is true and accurate to the best of my knowledge.

Signature _____ Date _____

SD 51 Professional Therapy Dog Evaluation – Parts A & B

This test is only to be used by SD 51 approved Therapy Dog Team evaluators.

Part A: Interaction of Therapy Team

1. Dog Handler's understanding of stress in his/her therapy dog:

Therapy dog trainers agree that the school environment and working with children and youth can be highly stressful for therapy dogs. The amount of time a therapy dog should be working in a day or a week depends on the dog's nature and the type of situations encountered each day and cumulatively throughout the weeks and months. The therapy dog handler must understand his/her dog, the indicators of stress it most commonly has when needing a break and be diligent in thinking about and noting the dog's behavior throughout the day.

The dog handler will identify the therapy dog's top three stress indicators. Note them here:

1. _____
2. _____
3. _____

If the dog handler cannot do this or needs prompting from the evaluator he/she needs more training and the testing should be discontinued at this time. Further training is recommended.

Comments _____ Pass _____ Fail _____

2. Initial meeting with a stranger:

Team should have an opportunity to meet different age groups of children and youth, primarily the age group the dog team will be working with the most.

Was the handler in control? Yes _____ No _____ Were the handler and dog respectful? Yes _____ No _____

Was the dog praised for good behavior? Yes _____ No _____

Did the dog display discomfort and need to be removed? Yes _____ No _____

***If yes, the team does not currently qualify.

Comments _____ Pass _____ Fail _____

3. Dog's apparent responsiveness:

Was the dog actively engaged in the exercises? Yes _____ No _____

If initially excited, did the dog calm down and begin to respond appropriately? Yes _____ No _____

Did the dog appear fearful or timid at any time? Yes _____ No _____

Did the dog have a normal reaction to sudden noise? Yes _____ No _____

Comments _____ Pass _____ Fail _____

4. Canine/Human Behavior

Was the handler in control of the dog? Yes _____ No _____

Did the dog bark? Yes _____ No _____

Was the dog interested in people? Yes _____ No _____

Comments _____ Pass _____ Fail _____

Part B: SD 51 Professional Therapy Dog Team Skills Assessment

One "No" in the following sections will result in a disqualification of the Therapy Dog Team. The Therapy Dog Team must wait three months before retesting.

Was the handler able to interact with people and continue to keep the dog in control? Yes _____ No _____

Comments _____ Pass _____ Fail _____

1. Dog Physically Handled by Stranger (Dog's response =Acceptable/Unacceptable) should have a situation with children similar to what the dog will experience during a typical work day.

Stroking the head, body and tail with both hands Acceptable _____ Unacceptable _____

Touching/holding the legs and paws Acceptable _____ Unacceptable _____

Scratching/petting the throat and chest Acceptable _____ Unacceptable _____

Holding the ears Acceptable _____ Unacceptable _____

Comments _____ Pass _____ Fail _____

2. General Obedience and Control. Verbal praise and prompts are acceptable and encouraged.

Heeling at varied pace Yes _____ No _____ Turning around Yes _____ No _____

Stopping by side Yes _____ No _____ Stay on command Yes _____ No _____

Approaching seated person Yes _____ No _____ Wait on command Yes _____ No _____

Person walking unsteadily Yes _____ No _____ "Leave It" Yes _____ No _____

Sit on command Yes _____ No _____ Down on command Yes _____ No _____

Did the handler correct the dog if needed? Yes _____ No _____

Did the handler praise the dog? Yes _____ No _____

Comments _____ Pass _____ Fail _____

3. Canine to Canine Behavior: Handlers should NEVER allow the dogs to meet face to face.

Was the handler in control? Yes _____ No _____

Did the dog bark at other dogs? Yes _____ No _____

Was the dog interested in other dogs? Yes _____ No _____

Was any sign of aggression demonstrated? Yes _____ No _____

Did the handler correct the dog if needed? Yes _____ No _____

Did the handler praise the dog? Yes _____ No _____

Comments _____ **Pass** _____ **Fail** _____

4. Team Appearance and Grooming

Was the dog clean and well-groomed? Yes _____ No _____

Was the handler professional and respectful in their use of the dog? Yes _____ No _____

Comments _____ **Pass** _____ **Fail** _____

Date of Test: _____ **Pass** _____ **Fail** _____

Evaluator Name and Affiliation (printed) _____

Evaluator Signature _____

Handler Name (printed) _____

Handler Signature _____

SD 51 Annual Therapy Dog Team Authorization Form

For the 20__ School Year

Therapy Dog Handler _____

Therapy Dog Name _____

School/Site _____

By signing below we are acknowledging that the principal or site administrator and the therapy dog handler have reviewed the SD 51 Therapy Dog Policy, discussed any questions or concerns, and have a thorough understanding of expectations of the Therapy Dog team usage in this facility.

Therapy Dog Handler: _____ Date: _____

Principal or Site Administrator: _____ Date: _____

Original in the School/Site file
Copy to the Environmental Services Office
Copy to the Therapy Dog Handler