

S.M.A.R.T. Dogs

Service to the community/Mentor Programs/Animal-assisted therapy/Responsible dog ownership education/Training

Dear Prospective Volunteer,

Thank you for your interest in S.M.A.R.T. Dogs. Our mission is to promote understanding and appreciation of the human-canine bond through service to the community.

Each volunteer brings his/her own dog on visits. The dog must be well socialized and be able to get along with people and other animals. The first visit is an observational visit without your dog. Please review the enclosed schedule and select a visit that is convenient for you, then contact the site supervisor for the chosen location and notify her/him when you will be coming.

Enclosed is a S.M.A.R.T. Dogs Volunteer Contact form, indemnity form, and our current calendar. Please take the forms to your observational visit and then return them to me by mail after your observational visit.

If we can provide any additional information please feel free to contact Elizabeth Soares at (510) 234-3670 or Carolyn Day at (925) 743-1917. We're looking forward to hearing from you soon.

Sincerely,

Barbara Erwin
2045 West Ave 135
San Leandro, CA 94577-4111

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INDEMNITY AGREEMENT

I understand that S.M.A.R.T. Dogs assumes no legal liability for the actions of myself or my dog in our roles as a registered therapy dog team.

I indemnify, defend, and hold S.M.A.R.T. Dogs, their Board of Directors, employees and agents harmless from and against all claims, losses, liabilities, and damage to persons or property, government charges or fines and attorney's fees arising out of the acts or omissions of S.M.A.R.T. Dogs, including but not limited to; interactions with residents, patients, or others in facilities or at events to which I take my dog, demonstrations involving my dog, or transportation of my dog to or from any S.M.A.R.T. Dogs activity including but not limited to hospitals, care facilities, private homes and community events. I further release S.M.A.R.T. Dogs their Board of Directors, employees and agents harmless from any responsibility or liability due to injury to or loss of my animal at all S.M.A.R.T. Dogs sponsored activities.

(Please Print)

Name _____

Address _____

Dogs Name _____ Breed _____ Male ___ Female ___

Do you have medical insurance? _____ Name of carrier _____

Are you an insured driver? _____ Name of carrier _____

Signature _____

Date _____

Return this signed and dated form to:

**Barbara Erwin,
2045 West Ave 135
San Leandro, CA 94577-4111**

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VOLUNTEER CONTACT FORM

Date and Site of Observational Visit: _____ Site Supervisor Initial _____

Handler's Name: _____

Address: _____

Telephone Number: (day) (____) _____ (eve) (____) _____

Veterinarian's Name: _____ Telephone Number: (____) _____

Address: _____

Check all that apply in sections 1 through 4 below:

1. AVAILABILITY

Mornings: Visits begin at or after 9:00 a.m. and end by noon

Afternoons: Visits begin at or after noon and end by 5:00 p.m.

Evenings: Visits begin at or after 5:00 p.m. and end by 9:00 p.m.

We require our volunteers to make a minimum of 3 visits each calendar quarter.

WEEKDAYS:

<input type="checkbox"/> MONDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> THURSDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> FRIDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

WEEKENDS:

<input type="checkbox"/> SATURDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
<input type="checkbox"/> SUNDAY	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

How much travel time are you willing to allow one way (door to door)?

1/2 hour 1 hour

Area you can visit: _____

2. POPULATION

Infants & Nursery age Children Adolescents Adults
 School age Children Young Adults Seniors
 Participants at Parades, Organized Walks, Pet fair information booth

Additional comments/specifc about you, the handler.

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Dear Prospective Volunteer,

I have enclosed a packet of information needed for your animal to be temperament tested. Please fill out the S.M.A.R.T. Dogs Registration Form and the Canine History before your dog is temperament tested. There are also forms to be filled out by our temperament tester and the examining vet. Please send a copy of your Tuberculin Skin Test results, or bring it at the time of your dog's temperament testing.

First you should schedule an appointment for your temperament test by contacting Elizabeth Soares at (510) 234-3670 or Carolyn Day at (925) 743-1917.

The veterinary testing is a two-part process, involving a physical exam and a temperament test done in the veterinarian's office. When you take your dog for the physical, bring a stool sample.

After your dog has passed its two tests (with our temperament tester and the veterinarian), contact the appropriate site supervisor to schedule a visit with your dog at an adult facility. Additional testing at the conclusion of your first five probational visits at adult facilities will certify your dog for full participation in our program. We require each volunteer team to do three visits a calendar quarter. Only dogs fulfilling this requirement are permitted at sites with children. Your dog should be freshly bathed and free of any parasites for each and every visit.

We'll look forward to seeing you on a visit soon.

Sincerely,

Barbara Erwin
2045 West Ave 135
San Leandro, CA 94577-4111

Revised 8/24/07

S.M.A.R.T. Dogs

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REGISTRATION FORM

Handler's Name _____ Owner (if different) _____

Address _____

Telephone Number: Day (____) _____ Evening (____) _____ email _____

Dog's Registered Name _____ Breed _____

Titles _____ Birth date _____

Dog's Call Name _____ Male Female Spayed/Neutered

Dog's ID # (implant/tattoo/registration #) _____

Send a photograph of your dog for the ID card. Please send a good head shot, original picture will be returned with your ID.

Your signature below: guarantees that you will use your ID tag only at S.M.A.R.T. Dogs functions
authorizes S.M.A.R.T. Dogs to scan it for use on the ID card only
authorizes photo release

Signature of Handler: _____ Date: _____

Signature of Owner (if different) _____ Date: _____

Send this form to S.M.A.R.T. Dogs, C/O

Barbara Erwin

2045 West Ave 135

San Leandro, CA 94577

along with the following: (Please mark items enclosed if not already submitted)

- | | |
|--|--|
| 1. <input type="checkbox"/> Volunteer Contact Form | 5. <input type="checkbox"/> Canine Examination and Evaluation Form |
| 2. <input type="checkbox"/> Indemnity Form | 6. <input type="checkbox"/> Tuberculin skin test results |
| 3. <input type="checkbox"/> Canine History | 7. <input type="checkbox"/> \$30.00 Initiation Fee |
| 4. <input type="checkbox"/> Animal Interview | |

Method of payment: Cash Check (made payable to S.M.A.R.T. Dogs)

Please photocopy this form for registration of additional animals. (Only one Fee required per person)

Revised 8/29/09

S.M.A.R.T. Dogs

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CANINE HISTORY (TO BE FILLED OUT BY OWNER)

Handler's Name _____

Dog's Name _____ Breed _____

(Please check appropriate box)

CHECK COMMANDS OBEYED

- Walk on slack leash Obey command "leave it" "don't touch" Stay/Wait
Will come when called: Less than 50% of time More than 50% of time
 Sit

DOES DOG: (Please check appropriate box)

- Vocalize when excited Worry about unusual sounds Get on furniture
 Jump on people Chase cats/rabbits Have contact with other species
 Get distracted/playful/nervous around dogs
 Get distracted/playful/nervous around: __men __women __children

How do you respond to the above behaviors? _____

How do you know if your canine companion is stressed? _____

Have you observed any behaviors of which we should be aware? _____

Thank you for your time and effort involved in clearing your dog for our visitation program. We're looking forward to working with you.

Revised 8/29/09

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ANIMAL INTERVIEW (GIVEN BY OUR TEMPERAMENT TESTER)

Name of Dog _____ Name of Handler _____

Has the dog ever growled at, snapped at or bitten anyone: _____

Has the dog ever guarded its food, toy or family members: _____

HEALTH

General appearance: _____ Skin condition: _____

Cleanliness: _____ Receiving Veterinary care: _____

Takes medications: _____ Condition of teeth: _____

Sensitivity to touch in any area: _____

BEHAVIOR AND HANDLING RESPONSIVENESS

Friendliness: initiates contact, enthusiastic, active, aloof or independent _____

Trained to: Sit Down Stay Walk on loose lead Leave it/don't touch

Come when called Greet stranger with/without dog Sit politely for petting

Accept grooming/handling : Comments _____

Level of obedience training: _____

Sudden approach from the rear, quick touch to flank area _____

Frustration tolerance: restraint/elevation/hug neck/grip muzzle/hands on cheeks with direct eye contact _____

Pain tolerance (pinch inter-digital web, pull hair): forgiving, flight, fight _____

Noise tolerance: startle/recovery, percussive and metallic _____

Visual stimuli: umbrella/wheelchair/walker/crutches/cane/individual in a large coat and floppy hat.

Response: startle/recovery _____

Accepting treats: gentle, enthusiastic or disinterested _____

Observed interaction with: adult M/F adolescent M/F child M/F (complete on first visit observation) _____

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ANIMAL INTERVIEW

Observed behavior around: dogs large/small M/F spayed/neutered intact cats & other species _____

Recommendations: Unconditionally Accepted _____ Conditionally Accepted _____
Not Accepted _____

Date Interview Given: _____ Testers Initials _____

If your dog is accepted into the program, call the site supervisor to schedule a visit. Any adult facility is acceptable for a first visit.

If dog is accepted into the program:

1. We require each volunteer team to do 3 visits over at least a two month period per calendar quarter. Teams that are unable to visit for three consecutive months are required to complete a new animal interview with our temperament tester and resume participation under probationary status (see #2 below). S.M.A.R.T. Dogs reserves the right to limit the number of retests it will perform for any individual team.
2. During the probationary period dogs must complete a minimum of 5 visits in no less than 2 months at adult facilities. Additional testing at the conclusion of the probationary period will certify the dog for full participation in our program. Dog must have secondary assessment and their tag to visit with children or participate in a function with children.
3. The dog should be freshly bathed and free of any parasites for each visit.
4. Regarding treats: (a) Only dogs approved during evaluation as gentle taking food can receive treats from patients. (b) On visits dogs are only allowed to eat food provided by the handler. (c) Do not feed treats to other handlers dogs without their expressed permission.
5. Handlers are expected to have the dog under their control and on a **4 foot leash** at all times on visits. Dogs should be no farther than **one foot away** from handler and no closer than **two feet** to other visiting teams.
6. It is the responsibility of each volunteer to maintain their membership status by submitting their annual renewal, including their pet's veterinary evaluation, within the quarter in which your anniversary date occurs.
7. Handlers/Owners must pay the costs for any veterinary visits.
8. On a visit, the handler must immediately remove their dog from the facility if they exhibit any of the following behaviors: growling, snapping, biting, jumping up or on any individual, or uncontrolled/excessive barking.
9. Animals who display unacceptable behaviors (growling, snapping, biting, etc) at any facility or group function will be unable to continue in our program.
10. Dogs that are not actively visiting with S.M.A.R.T. Dogs are not considered Registered Therapy Dogs under S.M.A.R.T. Dogs' guidelines.

Handler's Signature: _____

Revised 6/29/09

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Handler Behavioral Screening

The handler must have at least three behaviors checked in each category in order to be considered ready to perform safely in Animal Assisted Activities with S.M.A.R.T. Dogs. The possible exceptions are #5 and #8, where two may be adequate. Items #9 - #11 will be evaluated on the first Visit Observation.

Handler: _____

1. Handler Arrival

- Arrives plenty of time in advance of scheduled test time.
- If driving, parks vehicle calmly and safely
- Unloads self, dog, and equipment in calm, orderly fashion
- Dog remains in vehicle until handler cues dog to leave vehicle (in controlled manner)
- Assures that dog is on leash before dog exits vehicle
- Navigates way to entrance calmly and safely with dog on leash
- Glances at dog several times or gently physically touches dog while approaching entrance

Notes:

2. Handler Checking in at Registration Desk

- Checks in plenty of time in advance of scheduled test time
- Calm, competent demeanor (not rushed, harried, or otherwise flustered)
- Places dog in position of self-control while dealing with registration process, and retains control of leash
- Uses conversational tone with dog (in voice and/or hand signals)
- Glances at dog several times during interaction with person at registration desk
- Smiles at and makes eye contact with person at registration desk
- Has brought all necessary forms, equipment, etc.
- Uses pleasant conversational tone with person at registration desk

Notes:

3. Handler Appearance

- Clean and odor-free
- Clothing is appropriate for site being served (i.e., jeans may be appropriate for some groups and not for others)
- Footwear is appropriate for site and is not dangerous for dog or handler
- Jewelry is not offensive to clients being served or dangerous for handler or dog

Notes:

4. Handler Greeting Someone

- Places dog in position of self control (sit/down/stand stay) *before* greeting person
- Uses conversational tone with dog (in voice or hand signals)
- Glances at dog several times during interaction with person
- Keeps hand lightly on dog
- Smiles at person and makes eye contact
- Uses pleasant conversational tone with person
- Asks person if s/he would like to meet his/her dog

Notes:

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Handler Behavioral Screening

5. Handler Behavior Between Exercises

- Praises dog verbally
- Touches dog in loving/respectful manner (not harsh or punitive)
- Looks at dog to see how *dog* is doing (not solely focused on what s/he as handler is supposed to do next)
- Responds to dog's needs

Notes:

6. Handler Walking with Dog

- Observes that dog is in position or places dog in ready position before starting to walk
- Uses conversational tone with dog (in voice and/or hand signals)
- Glances at dog several times during walk
- Makes subtle changes in own pace or direction to maintain connection with dog
- Makes verbal or targeting course corrections as needed (rather than yanking on leash)
- Walks at pace that is safe for dog
- Uses gentle physical contact (not pounding, pushing, or shoving) when touching dog

Notes:

7. Handler's Response to Dog Seeing Desirable Distractions (Toy, Food/Item on Ground, Something to Sniff or Lick, etc.)

- Recognizes potential distraction in advance and is prepared for them rather than reactive to the situation
- Glances at dog several times during interaction to make sure dog is leaving the distraction alone
- Uses conversational, happy tone to redirect dog as needed (rather than yanking on leash or yelling at dog)
- Uses gentle physical contact with dog as needed for reassurance of connection
- Praises dog

Notes:

8. Handler's Response to Sudden, Unpleasant Distractions (Auditory, Visual, Bump, etc.)

- Recognizes that distractions can affect dog, not just self, by checking for dog's reaction visually and/or verbally, physically
- Uses conversational, happy tone with dog (in voice and/or hand signals)
- Praises dog
- Uses gentle physical contact with dog as needed for reassurance or connection

Notes:

9. Handler's Response to Dog Being Handled by Someone Else

- Places self in a position near to the dog and remains close to the dog
- Keeps hands lightly on dog while the dog is being handled by the other person
- Keeps gaze on his/her dog more than on the person during interaction
- Asks person if s/he would like to meet his/her dog
- Carries on a conversation with the person handling his/her dog, using a pleasant conversational tone
- Sets limits on the person's handling as needed to protect the dog
- Uses a conversational tone with dog (in voice and/or hand signals)
- Smiles at person and makes eye contact

Notes:

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Handler Behavioral Screening

10. Handler's Response to Someone Interrupting and Requesting Interaction with Dog

- Finishes conversation with first person before moving away to interact with another person/people
- Smiles at person/people and makes eye contact
- Asks person/people if they would like to meet his/her dog
- Uses conversational tone with dog (in voice and/or hand signals) Asks dog to be in position of self control
- Glances at dog several times during interaction with person/people
- Keeps hands lightly on dog
- Uses Pleasant conversational tone with person/people interacting with his/her dog
- Carries on a conversation with the person/people interacting with his/her dog

Notes:

11. Handler's Response to Crowd of People Interacting with Dog

- Places dog in safe position in midst of crowd
- Keeps hand lightly on dog
- Uses conversational tone with dog (in voice and/or hand signal)
- Glances at dog several times during interaction with people
- Smiles at people and makes eye contact
- Sets limits on the people's handling as needed to protect the dog
- Uses pleasant conversational tone with people handling his/her dog
- Carries on a conversation with the people handling his/her dog

Notes:

12. Handler's Response to Person Attempting to Feed Dog

- Politely declines food, or gives person polite but firm directions on how to offer the food
- Uses pleasant conversational tone with person attempting to feed
- Places dog in a position of self-control before food is offered
- Uses conversational tone with dog (in voice and/or hand signals)
- Gives dog directions about how to take food or what position to be in before taking food
- Carries on a conversation with the person handing his/her dog the food
- Keeps gaze on dog during interaction with person attempting to feed

Notes:

Overall Score: _____ Ready _____ Not Ready

Observer's Signature

Date

August 29, 2009

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CANINE EXAMINATION AND EVALUATION

To be Completed by Veterinarian
(With Owner Present in Room)

Owner's Name _____ Telephone Number (____) _____

Date _____ Dog's Name _____ Dog's Age _____

Breed _____ Male Female Spayed/Neutered

Vaccinations: Rabies _____ Date Given: _____
 Other _____ Date Given: _____

Stool Sample: (Date of last sample checked) _____

(Results of last sample checked) _____

1. Initial observation: (Please check appropriate items.)

Other Observations

- | | | |
|--|---|-------|
| <input type="checkbox"/> Holds Ground | <input type="checkbox"/> Raises Hackles | _____ |
| <input type="checkbox"/> Hackles Normal | <input type="checkbox"/> Flews Puffing | _____ |
| <input type="checkbox"/> Flews (lips) Normal | <input type="checkbox"/> Growls | _____ |
| <input type="checkbox"/> Retreats | <input type="checkbox"/> Barks | _____ |

2. Approaching the Dog:

- | | | |
|--|---|-------|
| <input type="checkbox"/> Extends Head or Steps Forward | <input type="checkbox"/> Growls | _____ |
| <input type="checkbox"/> Nudges Hand | <input type="checkbox"/> Raises Hackles | _____ |
| <input type="checkbox"/> Licks Hand | <input type="checkbox"/> Flews Puffing | _____ |
| <input type="checkbox"/> Acts Playful | <input type="checkbox"/> Bares Teeth | _____ |

(Not a Grin)

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CANINE EXAMINATION AND EVALUATION

3. Handling the Dog: (If not eliminated by 1 or 2 above.)

- | | | |
|--|---|-------|
| <input type="checkbox"/> Enjoys Attention | <input type="checkbox"/> Growls | _____ |
| <input type="checkbox"/> Tries to Make Friends | <input type="checkbox"/> Raises Hackles | _____ |
| <input type="checkbox"/> Becomes Playful | <input type="checkbox"/> Snaps or Barks | _____ |

4. Pain Threshold: (Briefly pinch webbing between toes and pull hair from his/her side.)

- | | | |
|---|---|-------|
| <input type="checkbox"/> Pulls Away But Shows Forgiveness | <input type="checkbox"/> Growls | _____ |
| <input type="checkbox"/> Yelps But Not Aggressive | <input type="checkbox"/> Raises Hackles | _____ |
| <input type="checkbox"/> Trusts You, Allows Further Petting | <input type="checkbox"/> Acts Fearful | _____ |
| <input type="checkbox"/> Barks or Snaps | | _____ |

5. General Health Exam: (Is dog in general good health and free of any communicable disease?)

6. Overall Evaluation:

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Aloof (maintains distance, self assured) |
| <input type="checkbox"/> | <input type="checkbox"/> | Apprehensive (anxious, fearful) |
| <input type="checkbox"/> | <input type="checkbox"/> | Calm (tranquil, composed, not agitated) |
| <input type="checkbox"/> | <input type="checkbox"/> | Gentle (tame, easily handled) |
| <input type="checkbox"/> | <input type="checkbox"/> | Playful (willing to initiate or participate in fun and attention) |
| <input type="checkbox"/> | <input type="checkbox"/> | Responsive (reacts to involvement, interacts readily with people) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sociable (enjoys being with people) |
| <input type="checkbox"/> | <input type="checkbox"/> | Trusting (confident with people) |
| <input type="checkbox"/> | <input type="checkbox"/> | Willing to be Handled (readily accepts body contact) |

In general, do you feel this dog should be accepted as a visiting animal in nursing homes, hospitals, schools and other facilities? _____

I understand that this certification is purely advisory, without legal liability, that the decision to include an animal in the animal-assisted therapy program rests with S.M.A.R.T. Dogs.

Signed, Dr. _____ Telephone (____) _____

Address _____

Thank you for taking the time to help us evaluate this dog.