



Aggieland Pets With A Purpose is a non-profit volunteer organization dedicated to enriching the lives of Brazos Valley area residents by enhancing their physical, social and emotional well-being with the unconditional love of our pets. APWAP provides volunteers and evaluated and trained animals for educational, rehabilitative, and emotional assistance purposes.

APWAP

E-mail: information@apwap.org

PO Box 10941

College Station, TX 77842

Web Site: www.apwap.org

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APWAP OFFICERS - 2015

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President@apwap.org

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Treasurer@apwap.org

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Welcome to APWAP!

We are thrilled that you have become a member of our organization and look forward to you and/or your animal making a difference in our community! We are looking forward to getting to know you, and thank you for volunteering your valuable time!

This manual is to help you become familiar with our organization. Included is what is expected of you, what you can expect from us, guidelines and recommendations for you and your animal, and forms to be completed. Some of the forms you may need to make copies of as you will be required to fill them out more than once.

If you have any questions, problems or suggestions, please let any us know! We are here to assist you to be a successful volunteer with your animal and want to help you in any way that we can.

Thank you again for helping enrich the lives of those in the Brazos Valley.

Sincerely,

APWAP Officers

COMMITMENTS

As an APWAP Volunteer, you have a certain responsibility to the facility you visit. Keep in mind that all visits are to benefit you along with the people you visit.

When you make a commitment to be at a facility on a certain day and time – BE THERE! If you don't keep your committed time for visiting, you may be disappointing someone that was very much looking forward to your visit. However, if you find you cannot keep your appointment, you must also notify the scheduling coordinator (information@apwap.org) and tell him/her of your cancellation.

Many people you are visiting will share stories and some may ask you to “keep a secret.” Be aware that you may not be able to keep such a promise, so do what you can to inspire trust and confidence without making a promise you cannot keep. At the same time, you must show a certain amount of empathy – but do not offer to “fix” something or offer to make it better for them. Treat each individual as you would like to be treated. Better yet, treat him or her as a family member.

AAA/AAT visits require a definite allotment of time, energy, intelligence, and a true desire to help others.

Animal Assisted Activities/Animal Assisted Therapy Hints:

- ⇒ Encourage dialog with open-ended questions
- ⇒ Do your best to remain impartial and non-judgmental
- ⇒ Be a good listener

Many adults as well as children just want someone to listen to them, accept them the way they are, and show them affection. This is the very reason we have our pets with us on therapy visits. Our pets accept people for who they are and constantly give unconditional love without judging a person first.

You will walk away from each visit having learned something new every time. Each person has a story to tell or a picture to share. Listen, learn, and come away from each visit feeling fulfilled and glad you made the decision to join the APWAP AAA/AAT program.

PATIENT RIGHTS POLICIES

General Policy on Patient Rights:

Many patients may choose to refuse a visit with your animal. Do not take offense; simply move on to the next patient. The next time you visit that patient, chances are he/she may welcome you with open arms. Make sure to always honor the patient's wishes.

Patients have the right to privacy:

Comments made by a patient you are visiting, information about medical conditions, and a patient's personal information is to be kept confidential at all times.

⇒ **DO NOT** -- Discuss clients or their conditions inside or outside of the facility.

⇒ **DO NOT** -- Take photos or video tapes without a release form signed by the people involved.
(The APWAP officers may supply you with a release form if needed)

⇒ **DO NOT** -- Give stories or pictures to the media without written clearance from the facility's public relations department and the APWAP officers.

⇒ Respect the rights of residents and staff.

- Always ask the person first if he/she wants to touch or hold the animal.
- If the patient wants to hold the animal, ALWAYS place it on the patient's lap (on a towel or blanket that you have brought along), NEVER in their arms or hands.
- NEVER leave an animal unattended with a patient, for the animal's safety and because the patient needs YOU too.
- Remember personal information you learn about a patient should be kept confidential.
- Make sure to inform someone at the facility if there are any problems with patients.
- Do not bring any people food to give to anyone living at the facility without express permission from the facility.

Change of Facility:

If you find that you need to stop visiting at one facility and change to a different facility, contact the APWAP officers and they will assist in placing you and your therapy pet into a different facility. Do not give up on visiting because you feel uncomfortable in, or just prefer not to visit a particular facility. APWAP has many different facilities and wants to help you find the right match for you and your therapy pet.

REQUIREMENTS

Requirements for APWAP Animals:

- ⇒ Canine Vaccination Requirements:
 - ✓ Rabies - annually/triennially
 - ✓ Bordetella - every six months if given orally Every year if given intranasally
 - ✓ DHPP (without leptos) - annually or triennially as determined by your veterinarian
 - ✓ Leptospirosis (or titer) - annually

- ⇒ Feline Vaccination Requirements:
 - ✓ Rabies - annually/triennially
 - ✓ FVRCP- annually/triennially
 - ✓ FeLV- annually or triennially as determined by your veterinarian

- ⇒ All animals **must** have a yearly physical and veterinary screening that includes a stool sample and heartworm test. It is the volunteer's responsibility to make sure this is completed and The veterinary screening form turned in yearly in January of each year.

- ⇒ You must accept full responsibility for your animal's action and must be in complete control of the animal at all times.

- ⇒ All animals must remain on a leash at all times when in a facility. Exceptions only apply when retrieving during therapy, doing tricks, dancing routines, etc.

- ⇒ No animals are allowed to visit until they have passed the APWAP temperament test.

- ⇒ All dogs and cats must be at least 1 year of age at the time of the temperament test.

- ⇒ Females may not visit while in heat.

- ⇒ If there are any open wounds, sores, hot spots, or scabs not fully healed on your animal, you must cancel and re-schedule your visit
Dogs must be bathed within 24 hours prior to visiting. This includes checking eyes, ears and nails.
All long-haired dogs and cats must be brushed immediately prior to visiting.

- ⇒ All nails **must** be trimmed & filed.

- ⇒ All animals must be free of fleas/ticks prior to all visits.

- ⇒ After any major event in an animal's life (i.e. whelping, surgery, accident, etc.) they must be re-tested prior to any therapy or visits.

- ⇒ Owner must wear proper identification recognizing them as an APWAP member.

Volunteers must follow all hospital/therapy setting protocols.

- ⇒ While visiting in a hospital, good hand washing techniques/or sanitation is Recommended following each patient visit.

- ⇒ If there is any aggressive behavior (or perceived aggressive behavior) shown by your pet during the visit (including growling, snapping, biting), or any scratches or other perceived accidents, you must leave the facility after informing the group and facility. The volunteer is also required to report this information on an incident or accident report form and provide this to the APWAP officers within 24 hours. If not completed, disciplinary action may be taken.

- ⇒ The volunteer is responsible for clean up after their animal and notify environmental services at the facility if the animal defecates, urinates or vomits on the floor. The volunteer is also required to report this information on an incident or accident report form and provide this to the APWAP officers within 24 hours. If not completed, disciplinary action may be taken.

- ⇒ Do not visit if your animal is ill.

PREPARING FOR A VISIT

Preparing for a Visit:

Before each visit, your animal should be clean and well-groomed. Below are a few guidelines for preparing for a visit:

Items and Equipment to have with you on a visit:

- * Bag or backpack for items listed below
- * Baby Wipes/Hand Sanitizer
- * Water bowl
- * Tacky roller to clean up pet hair
- * Toys or props for tricks
- * Towel or small blanket
- * Emergency phone numbers
- * Your ID badge
- * Collar and Leash
- * Drool rag
- * Cleanup bags
- * Brush or comb
- * Human food treats for your animal
(i.e. cheerios, low-sugar cereal)

Appropriate Dress:

- ⇒ You and your pet need to be neat and clean. It is recommended that you wear the APWAP polo shirt with the group logo. These look uniform, are recognizable and have a professional appearance. Wear shoes that are comfortable and can protect your feet.
- ⇒ The image that you and your animal portray is very important because you want to make a good impression. Being prepared will show that you are professional and organized.

VOLUNTEER RESPONSIBILITIES

Responsibilities when Visiting as a Volunteer:

- ⇒ **Be responsible for your animal's needs along with the patient's/resident's needs. Always stay in control of your animal. Keep at least 3 feet away from other dogs or cats. Only one animal at a time in a patient/resident room.**
- ⇒ Be present and on time for every commitment you make. Remember you may be disappointing someone if you do not keep your scheduled visit.
- ⇒ Treat people with respect and dignity.
- ⇒ Promote the human – animal bond you share with your pet.
- ⇒ Comply with all the APWAP guidelines
- ⇒ Be professional. Wear proper identification. (APWAP ID Badge)

RECOGNIZING SIGNS OF STRESS IN YOUR ANIMAL

Stress is the response of an animal to its environment. This is not always bad since it keeps the animal alert, but you need to be watching for excessive signs of stress which can result in physical problems.

Remember **YOU ARE YOUR ANIMAL'S ADVOCATE!!** If you feel that your animal is truly stressed – make sure you remove him/her from the situation. Watch your animal. If your animal is showing signs of excessive stress on a regular basis, talk to your vet about it so any health problems can be ruled out. Some people may need to retire the animal from therapy work if it is truly too stressful. Signs of stress DURING visitation:

- * Reduced attention span
- * Dilated pupils
- * Excessive panting
- * Lying down/reluctance to move
- * Shying away/hiding behind owner
- * Whining
- * Ears laid back

Remember – you need to know your animal – some of these things may be common in your animal and are not abnormal or signs of stress.

Signs of stress DURING or AFTER visitation:

- Diarrhea or loose stools
- Inappropriate urination
- Vomiting
- Lack of appetite
- Changes in sleep/activity patterns
- Behavior/temperament changes

These are several examples. Know your animal – if he/she is acting abnormal or different than usual – observe carefully as these signs may indicate your animal is too stressed to visit.

What to do if your animal is exhibiting signs of stress:

- Remove your animal from the situation. Give him/her a break, go outside, let him/her get a drink of water, etc.
- After your animal relaxes and seems to have returned to normal, resume visiting with a lot of praise and encouragement.
- If, after returning to the visit, your animal shows signs of stress again, excuse yourself, and take your animal home.
- Talk to an APWAP officer regarding the situation. It's possible your animal is just not feeling well, or has just visited a little too long that day.
- Don't forget that if your animal is not enjoying it, you may need a break for a while and attempt the visit again at a later date.

REPORTING AN ACCIDENT OR INCIDENT

Reporting Accidents or Incidents:

Procedures are in place to assure a standardized reporting practice of any situation that causes or may cause injury to a patient, client, staff member, volunteer, or animal. If a situation occurs that could be perceived as the cause of injury, information involving the situation must be documented in writing within 24 hours of the accident or incident.

Procedures:

Any actual or perceived situation involving a volunteer, or animal that may cause bodily or perceived bodily injury to another person, must be reported in writing to:

- ⇒ The facility (hospital, nursing home, youth rehabilitation centers, etc.). Follow the specific institution's guidelines.
- ⇒ The APWAP officers

APWAP Accident/Incident Report Form

TO BE COMPLETED BY VOLUNTEER:

Volunteer' Name: _____ Date and Time of Visit: _____

Contact Person at Facility: _____ Name of visiting animal: _____

Facility Visited: _____ Facility Phone: _____

Facility Address: _____

Briefly describe the accident/incident or injury and list individual(s) involved: _____

APWAP
E-Mail: information@apwap.org
PO Box 10941
College Station, TX 77842

SUSPENSION AND EXPULSION

When infractions of the APWAP guidelines occur, the officers will meet to discuss the violations and determine the appropriate action. Any member who violates the guidelines will have an opportunity to discuss and defend his or her actions at a scheduled meeting.

Violations calling for immediate suspension or expulsion will create the need for a special meeting. Such meeting will occur within 10 working days of the alleged infraction.

The Suspension and Expulsion Process:

This process is in place to provide an objective manner in which suspensions or expulsions may be heard and appropriate action may be determined.

- ⇒ All infractions will be described in writing and remain in the APWAP files. The individual(s) involved will receive complete copies of the infraction and the resolution.
- ⇒ Policies, procedures, and guidelines are found in other sections of this manual. Should there be violations of three policies, procedures, or guidelines (the same or different) within a 12-month period, the team member will be suspended for a period of time not to exceed three months. The team may not visit as an APWAP member, nor will it be covered under the program during this period.

Violations causing immediate suspension:

- ⇒ Verbal or physical abuse of a team member's pet during a visit
- ⇒ Verbal or physical abuse of another team member or their pet during a visit
- ⇒ Verbal or physical abuse of a patient/client or professional staff member during a visit
- ⇒ Inappropriate discussion of a patient's illness or background with anyone other than a professional staff member
- ⇒ Language or behavior deemed inappropriate by a professional staff member during a visit

Suspension and Expulsion (continued)

Violations causing immediate expulsion:

- ⇒ Bodily harm caused to another volunteer, pet, or staff member
- ⇒ Dismissal of the team member from American Kennel Club or other governing bodies for animal abuse or misconduct
- ⇒ Two suspensions from APWAP within a 12-month period

***NOTE:** This list is meant to be a sample list and as such is not to be considered complete.
Violations not listed but considered severe enough to jeopardize
the integrity of the program may call for immediate suspension or expulsion.*

IDENTIFICATION BADGES

The identification badge is mandatory and although the cost is included in the membership fee, it is the responsibility of the new member to provide us with the necessary information.

We will make every effort to take a picture of your animal at the temperament test. Should that not happen for any reason, it is your responsibility to get a digital photo (or scanned picture) of your dog e-mailed to us at information@apwap.org. We will also need your name, your animal's call name, date of birth, and breed.

VOLUNTEER INSURANCE

APWAP Therapy Volunteer Insurance:

When acting as a volunteer for APWAP within the scope of their duties as a volunteer you are insured by the APWAP liability insurance. That means that if either human or animal causes a covered loss at a location where the member is visiting, and that covered loss results in a claim for which APWAP is legally liable, the APWAP liability insurance carrier will defend and pay expenses of the claim.

The liability insurance will be primary and will provide coverage first. However, if the amount of any covered loss exceeds the limits of APWAP liability insurance, then the volunteer may be personally liable.

The liability insurance has a \$3,000,000 total limit and a \$1,000,000 limit per incident. That includes a medical expense limit of \$25,000 for any one person.

Explanation of Coverage:

One of the benefits of being an APWAP volunteer is that we provide liability and personal accident insurance when you are visiting, making presentations, or doing other activities to promote APWAP.

As an APWAP volunteer, you will be covered on the organizations insurance policy when you are doing volunteer work. In cases where professionals are using animals in the context of their jobs, the APWAP insurance for volunteers does not provide coverage. It is important that you understand your coverage.

What is considered for a Claim:

Insurance issues are complex and each claim presents unique issues. The general rules stated above describe your coverage while representing APWAP as a volunteer. However, each claim is evaluated on a case-by-case basis. All factors, including any negligence by the handler, are taken into account and may influence whether the general liability insurance would provide coverage.

Key Points:

- ⇒ The APWAP policy is for liability not personal property insurance.
- ⇒ To be covered, the volunteer member must follow the APWAP policies and act within the scope of duties as a volunteer.
- ⇒ The member must be in volunteer status, i.e. receive no compensation for its time.

*Please feel free to contact us if you have any questions regarding this policy

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MEMBERSHIP INFORMATION

APWAP Membership and Dues:

FULL MEMBERSHIP:

A full member is someone who has passed the temperament test with their animal. All members will pay an initial fee of \$60.00 for the first animal and \$15.00 for each additional animal. Annual renewal fees will be \$30.00 plus \$5.00 for each additional pet. These dues include:

- Photo ID badge
- Polo shirt with logo
- Martingale collar
- 4 foot lead
- Volunteer Liability/Accident insurance

COLLEGE STUDENT MEMBERSHIP:

College students (with proof of school attendance)

Full Member initially \$30.00/year. Annual renewal fee will be \$15.00/year

ALL MEMBERS:

- All visiting and support members are requested and strongly encouraged to attend our quarterly meetings, at least 2 meetings per year are required to maintain your membership. These meetings take place the 2nd Monday of the month in January, April, July and October.

APWAP – Membership and Dues (continued):

- All members must visit with their pet at least every three months to maintain active membership in the APWAP Team. If an animal has not visited in that time frame, they must be re-tested by the temperament evaluation team and a \$10.00 re-instatement fee will be charged.
- All visiting members are required to visit in an APWAP approved facility. If there is a facility a member would like that is not currently registered with APWAP, please ask the APWAP officers to assist you in setting up that facility.
- All new members are required to have an officer or approved member visit with them on their first 3 visits for observation. This is for the safety of the volunteer team as well as the facility residents.
- All members must agree to only visit with their pets that have been tested and approved by APWAP.

TEMPERAMENT TESTING

Temperament testing is done at least once each quarter. All persons wanting to test an animal must first complete two visits without their animal.

There are two (2) levels of passing the temperament test.

VISITATION: Animals that pass for visitation may only visit facilities that are indicated as such. These are facilities - where the volunteer and their animal visit individuals or groups without specific goals set for the patients or residents. The animals are there to encourage & cheer up those they are visiting. This is a very important part of animal assisted therapy.

THERAPY: Animals that pass for therapy may visit all facilities (including going just for visitation). These animals have a higher level of qualification and are used to help patients work towards and achieve specific goals in physical, occupational, and speech therapy.

Each volunteers ID badge indicates whether the animal is a visitation or therapy animal. If an animal has passed for visitation – the volunteer may gladly schedule the animal at any temperament test to re-test them for therapy.

Orientation

After you have past the APWAP temperament test, you will have to attend an orientation. Check with an officer on dates and times.

In the orientation we will cover training issues/teaching commands like “leave it”, how to approach somebody in a wheelchair, how to give your animal a treat (flat hand) and more.

We will give you information on all the facilities that we are currently visiting.

We encourage you to join our Facebook page to get reminders on visits and stay in touch with your fellow APWAP members.

We will answer any additional questions you might have about Rules and Regulations, visiting or anything else.

AAA/AAT (Animal Assisted Activities/Animal Assisted Therapy)

If your animal has past the temperament test as a visitation animal, you can visit any facility that is listed as a visiting facility. If your animal past the temperament test as a therapy animal you are able to visit anywhere plus you can do therapy work, like assisting in rehabilitation of a patient. Therapy animals require better training/control then visitation animals. Before being able to do therapy work, you and your animal will have to pass training especially for therapy work. Kit Darling is in charge of this training. Contact her for dates and times for these training sessions.

APWAP – Membership Application:

The information given on this form will be used for APWAP records only. Please complete one for each animal that has passed the temperament test and will be visiting with the organization.

OWNER INFORMATION:

Owner's Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ E-Mail Address: _____

Shirt Size: _____

PET INFORMATION:

Pet's Name: _____

Breed: _____ Dog's Weight: _____

Date of Birth: _____

GENERAL QUESTIONS:

Is this pet spayed or neutered? _____

Does your pet have any other certifications? _____

How long have you owned this pet? _____

APWAP – Membership Application - Continued:

Application fees effective January 1, 2012 - subject to change with notice from APWAP officers. Membership renews annually.

- \$60.00 First Year Full Membership Dues (*Renewal of Membership \$30.00 plus \$5.00 for each additional pet*)
- \$30.00 First Year College Student Full Membership Dues (Renewal of Membership \$15.00)

Enclosed is my application and fee. I understand that I will become a member of APWAP upon successful completion of all evaluations as prescribed by the APWAP officers and after passing the APWAP temperament test.

I agree to follow the Guidelines as described in the manual. I understand that APWAP assumes no legal liability for me or my pet's actions in our role as APWAP members.

I understand that my signature on this form is authorization and consent for APWAP to use my likeness or the likeness of my pet for public relation purposes. I further authorize APWAP to use any written documentation, i.e. "visitation reports" submitted by me to be used for any public relation purposes.

I hereby understand and agree that should my membership with APWAP be terminated for any reason, either by myself or the APWAP officers, I will return the APWAP ID Badge, issued by APWAP.

Signature: _____ Date: _____

Name: _____ Pets Name: _____

APWAP –Pet Information Application:

Please complete the following application for each pet that has passed the temperament test. Associate members do not need to complete this page.

Please tell us if your pet is comfortable or uncomfortable around the following:

	Uncomfortable	Comfortable	Don't Know
Small Children			
School Age Children			
Teenagers			
Adult Men			
Adult Women			
Seniors			
People in Hats			
People with a Beard or Mustache			
People using Crutches or Wheelchairs			
Other dogs			

Please list any other situations where your pet might be uncomfortable: _____

What is your Pet's favorite game or activity? Fetch, Frisbee, agility, chase, find it, tug of war? _____

How does your pet indicate stress? _____

Please tell us why you would like to visit with your pet? _____

Thank you for taking the time to fill out this membership application. We are excited that you chose Aggieland Pets With a Purpose!

APWAP VOLUNTEER HOURS

Please make sure to schedule all volunteer hours (and any cancellations) with the Vice President/Scheduling Coordinator at VP@apwap.org

Owner/Handler: _____

Pets Name: _____

Date of visit	Facility Visited:	Length of visit	Notes/Comments

*** Please bring a copy of this to all quarterly meetings – OR make sure to e-mail to the Vice President at VP@apwap.org. You are responsible for getting this information to the VP, if not; you will not receive credit for your visits.*

VOLUNTEER INDEMNITY AGREEMENT

By signing the document below, I hereby agree to and certify the following:

I agree to abide by the guidelines set forth by APWAP.

I understand that neither, APWAP, or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with any activities which may result in injury, death, or damages to myself or family.

I understand that APWAP assumes no legal liability for the actions of me or my pet in our roles as certified APWAP members. I have read and understand the volunteer liability coverage placed on me as a volunteer.

I hereby indemnify, defend and hold harmless APWAP, its officers, directors, members, agents or employees from and against all claims, losses, liabilities, and damage to persons or property, whether foreseen or unforeseen, fees arising out of the acts, including but not limited to interactions with residents, patients, or others in facilities to which I may take my pet, demonstrations involving my pet, or transportation of my pet to or from facilities or within facilities.

I further save and hold harmless APWAP and its officers, directors, members, agents, or employees from any claim by my family, or me or any other party, arising out of my participation in these activities.

I certify that I have fully read and understand the contents of this Indemnity Agreement and Release. I am of lawful age and legally competent to sign this agreement and release, or my legal guardian has executed the same in his/her capacity. I understand the terms set forth herein are contractual.

In witness whereof, I have executed this Indemnity Agreement and Release on

(Signature)

Date: _____

(Print)

APWAP Member:

Name: _____

Home Telephone No.: _____

E-Mail Address: _____

Work Telephone No.: _____

Home Address: _____

Cellular Phone No.: _____

Emergency Contact & Phone #: _____

Signature: _____
(If under 18, parent or legal guardian must sign below.)

Parent or legal guardian signature: _____

Aggieland Pets With A Purpose Canine Veterinary Screening

Owner's Name: _____

Dog's Name: _____ Age: _____ Breed: _____

Address: _____

Phone #'s: _____ E-mail address: _____

ATTENTION VETERINARIAN:

The owner and dog listed above are participating in a pet facilitated therapy program. This involves working closely with children and adults of all ages who suffer from serious illness, psychiatric conditions, or who have been involved in a serious accident. It is imperative that the health of the dog be excellent and the temperament sound. Please evaluate the dog carefully and note your findings.

Proof of Vaccinations:

	Date given
DHPP	_____ (yearly/3year)
Leptospirosis	_____ (yearly) (or lepto titer annually)
Rabies	_____ (yearly/3 year)
Bordetella	_____ (Intranasal yearly/Oral/6 months)

Last date checked for internal parasites: _____ **Negative Positive**

Skin Condition and coat: **normal abnormal** _____

Condition of teeth and gums: **normal abnormal** _____

Check for external parasites: absent present _____

Is this pet on a heartworm preventative consistently? **Yes No**

Is this pet on a flea/tick preventative consistently? **Yes No**

Please describe the dog's behavior during the exam:

Friendly Outgoing Reserved Shy Nervous Snappy Aggressive

Have you ever observed this dog exhibiting aggressive tendencies at people or other animals? **Yes No**

Overall does this dog appear healthy? **Yes No**

I certify that all of the above information is correct to the best of my knowledge.

Veterinarian Signature: _____

Date: _____

Veterinarian Stamp or address/phone:

Aggieland Pets with a Purpose Feline Veterinary Screening

Owner's Name: _____

Cat's Name: _____ Age: _____ Breed: _____

Address _____

Phone #'s _____ E-mail address _____

ATTENTION VETERINARIAN

The owner and cat listed above are interested in participating in a pet facilitated therapy program. This involves working closely with children and adults of all ages who suffer from serious illness, psychiatric conditions, or who have been involved in a serious accident. It is imperative that the health of the cat be excellent and the temperament sound. Please evaluate the cat carefully and note your findings.

Proof of Vaccinations:

Date given

FVRCP

_____ (every 1-3 years)

Rabies

_____ (yearly/3 year)

FeLV

_____ (every 1-3 years)

Last date checked for internal parasites: _____ **Negative Positive**

Is this cat on flea/tick preventative consistently? **Yes No**

Skin Condition and coat: **normal abnormal** _____

Condition of teeth and gums: **normal abnormal** _____

Check for external parasites: absent present _____

Please describe the cat's behavior during the exam:

Friendly Outgoing Reserved Shy Nervous Snappy Aggressive

Have you ever observed this cat exhibiting aggressive tendencies at people or other animals?

Yes No

Overall does this cat appear healthy?

Yes No

I certify that all of the above information is correct to the best of my knowledge.

Veterinarian Signature: _____

Date: _____

Veterinarian Stamp or address/phone:
