



The Foundation for Pet Provided Therapy
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326
info@loveonaleash.org

CONTROL Evaluation

Dog's Name _____ Breed _____ Age _____ (at least 12 months)

Dog Owner/Handler's Name _____ Location of Evaluation _____

This evaluation is to be filled out by a professional dog obedience instructor or trainer, behaviorist, or veterinarian, and is to be completed before going out on any visits.

Please include this completed Control Evaluation in your application for certification.

Make a copy of this completed Control Evaluation to carry during your ten supervised visits.

Ten hour visits and Membership Application must be completed within one year from date of control evaluation.

INSTRUCTIONS TO EVALUATOR: Answer as if this pet were going to be visiting you or a relative of yours. **Note:** Any dog that shows aggression toward a person or another dog is automatically disqualified.

1. Is the pet able to do a sit, lie down, heel with people close by, come when called while on a leash, and do a two minute down or sit/stay with the owner holding the leash? YES NO
2. Is the owner able to greet a friendly stranger who has a dog? Is the owner able to maintain control without the dog being aggressive or over stimulated? YES NO
3. Is the pet able to sit for petting and allow its head, ears, feet and tail to be touched? YES NO
4. Is the pet clean and well groomed? YES NO
5. Is the pet under control with people around? YES NO
6. Is the pet able to maintain composure when a stranger approaches in an erratic manner? YES NO
7. Would you like this therapy team to visit you or a relative of yours? YES NO
8. Is mouthing, biting, dodging or aggression apparent? YES NO
9. Is the pet sound sensitive? YES NO
10. Does the pet show signs of fear or shyness? YES NO
11. Does the pet or owner appear to have any training difficulties or behavior problems that might interfere with its ability to work as a therapy team? YES NO

FOR EVALUATOR ONLY

Name of Evaluator (Please Print) _____

Professional certification (e.g., CGC Evaluator #, professional membership, etc.) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature of Evaluator _____ Date of Evaluation _____