



The Foundation for Pet Provided Therapy
P.O. Box 4115, Oceanside, CA 92052-4115 (760) 740-2326
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VISIT Evaluation

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

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

INSTRUCTIONS TO EVALUATOR: This evaluation is to be filled out by a supervisor who has observed this pet on at least **five visits**. This form is to be completed at the END of the supervised hours of visits that are documented on the Supervised Visits Log.

Candidates for membership in *Love on a Leash* cannot evaluate their own pet.

1. On how many visits have you observed this therapy team? _____
2. Does the pet seem to like people and relate well to people? YES NO
3. Is the pet under control of the owner when it interacts with others? YES NO
4. Is the owner able to get the pet close enough to people during visits? YES NO
5. Is the owner able to initiate conversations with people and stimulate interest in the pet? YES NO
6. Does the owner relate well with people in general? YES NO
7. Based on your observations, do you feel this pet is a good candidate for pet therapy? YES NO
8. Would you like this pet and its owner to continue visiting your facility? YES NO
9. Is there any behavior you would like them to work on? YES NO

Please explain: _____

FOR EVALUATOR ONLY

Additional Comments: _____

Name of Evaluator (*Please Print*) _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Signature of Evaluator _____ Date of Evaluation _____