

BUCHANAN COUNTY UNIVERSITY OF MISSOURI EXTENSION

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Pony Express Therapy Dogs - Animal Evaluation

Handler: _____ Dog's Name: _____
Type of Collar: _____
(to be used on all visits)

Participation requirements:

Skills and Aptitude Criteria: ✓ = Very good; — = Needs some work; No = Unacceptable

- _____ Health records up to date. *This includes immunization and negative fecal.*
- _____ Member has attended orientation sessions *(for new volunteers only)*
- _____ Dog is well groomed, pest free
- _____ Dog approved on skills and aptitude criteria

Pets must receive "Very good" on ALL criteria to be approved for Pony Express Therapy Dogs.

1	Examine Therapy Pack and fill out paperwork
2	Come in through a controlled entry
3	Accepting a friendly stranger; dog will be petted/hugged and given a brief exam (vet) and demonstrate that it can "sit" and "down" <i>(the "down" is optional)</i>
4	Appearance and Grooming
5	Dog will walk to the side of the handler <i>(in control, not pulling nor lagging, i.e. loose lead)</i> and show change of direction and change in pace
6	Tolerates raised voices, being petted by several at once and walking through a milling crowd
7	Demonstrate dog can stay (either sit or down) from a distance of 20 feet <i>(10' required; 20' is optional;)</i>
8	Demonstrate the dog can "come" from a distance of 10 feet
9	Meet and greet people with neutral dog(s)
10	Reaction to a distraction
11	Dog will be separated from handler for three minutes to show control during separation
12	Dog will pass by treats to demonstrate that it can "leave it".
13	Dog will remain under control throughout the entire test

Recommendation/Approval by Licensed Veterinarian &/or Pony Express Therapy Dogs Representative:

- _____ Approved to participate in Pony Express Therapy Dogs Program. **CGC:** YES or NO
- _____ Approval conditioned on: _____
- _____ Animal needs some work: re-evaluation at future date
- _____ Animal unacceptable for Pony Express Therapy Dogs program at this time

Veterinarian Signature: _____ Date: _____
Pony Express Therapy Dogs Representative Signature: _____ Date: _____

Pony Express Therapy Dog Contact Information

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