



BenePets
Enriching Lives...Engaging Hearts!
A Benevilla Program

Volunteer Pet Therapy Program Behavior and Temperament Questionnaire

Thank you for your interest in the BenePets pet therapy program. The goal of the program is to enrich the lives of our members through meaningful, home-style visits with friendly, well-behaved, registered therapy pets and their handlers.

Pet Owner/Handler _____ Date _____

Pet's Name _____

Species, Breed, Gender, & Age _____

Home Phone _____ Cell Phone _____

eMail _____

Mailing Address _____

Basic Requirements

Please mark all that apply.

Your pet:

- Is at least one year old
- Has been in your care for at least three months
- Is healthy and current on all shots (Rabies, DHLPP, Bordatella–veterinary proof required)
- Is clean and well groomed
- Is friendly, polite, and interested in people
- Is non-aggressive toward other pets
- Walks comfortably on a loose leash
- Demonstrates mastery of basic commands: Sit and Down, Stay and Come, Leave it

Mail completed form to: P.O. BOX 8450 | Surprise, AZ 85374. You will be contacted by the BenePets Coordinator.

Please be thorough and forthright in answering all questions; a negative response does not necessarily mean disqualification. Use the back of this page if you need more space.

1. Are you and your pet currently a registered therapy team? Yes No

If yes, which Registry/Expiration Date? _____

2. Have you and your pet participated in a pet therapy program at another hospital or care facility? Yes No

If yes, where/when? _____

3. Is your pet well socialized (new/noisy environments, crowds, strangers, etc.)? Yes No

4. Has your pet completed a basic obedience course? Yes No

5. Are you well attuned to your pet's signals (thirst, fear, need to go outside, etc.)? Yes No

6. Does your pet enjoy meeting new people? Yes No

7. Does your pet react well to children? Yes No

8. Does your pet react well to other pets? Yes No

9. Does your pet show signs of aggression toward any specific people or pets? Yes No

If yes, explain: _____

10. Does your dog bark excessively? Yes No

11. Does your dog lick people? Yes No

12. Has your dog ever bitten anyone? Yes No

If yes, explain: _____

13. Therapy animals must be clean and well groomed during each visit. Are you willing/able to comply with this requirement? Yes No

14. Are you able to volunteer at least one hour every two weeks? Yes No

Use the space below to provide additional information you would like us to know about you/your pet.

Office Use Only:

Evaluator Signature _____ Date _____

Comments: _____

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