



Therapy Dogs of Long Island

Dogs are Good Medicine!

therapydogsli.org
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631-346-0976

Handler/Owner Questionnaire

Owner/Handler Name _____

Dogs Name / D.O.B./ Breed _____

Email Address _____

Dogs Favorite Activity _____

Phone _____

Address _____

Availability Days/Times _____

How many hours a month for visits _____

Owner's Month and Year of Birth _____ / _____

Please complete the following questionnaire

How long have you owned your dog? (must be at least 6 months) _____

Is your dog friendly with strangers? Yes _____ No _____

Is your dog up to date on the rabies & distemper vaccines? Yes _____ No _____

Proof of vaccines must accompany this document.

Is your dog in good health? Yes _____ No _____

My dog and I have passed the Canine Good Citizen test within the last year. **The Certificate must accompany this document.** Yes _____ No _____

Is your dog house broken? Yes _____ No _____

I have full control of my dog while on a leash with a regular collar or I carry my dog. Yes _____ No _____

I am willing to commit to at least 12 visits a year. Yes _____ No _____

Has your dog every seriously injured or killed a dog or cat? Yes _____ No _____

Is your dog taking any medication? If yes, please explain Yes _____ No _____

Is your dog hand shy? Yes _____ No _____

Has your dog ever growled or bitten a human? Yes _____ No _____

Is your dog on a raw diet? Yes _____ No _____

Signature _____

Date _____

Guardian _____

Date _____

Guardian Name, Address & Phone _____

Email this form and your Proof of vaccines and CGC Certificate to therapydogsli@gmail.com

DogOwnerHandler Questionnaire