



Promoting Animal Welfare in Jefferson County

THERAPY/READ DOG APPLICATION Part II

Dog's Name _____ Owner's Name _____

Breed _____ Age _____

1. How did you acquire your dog?

Shelter/Rescue Breeder Pet Store Other

2. List all commands that your dog responds to reliably.

3. Is there any specific age group that your dog avoids or seems uncomfortable around?

4. Is there a type of individual that your dog avoids or seems uncomfortable around?
(Such as person wearing a large hat or delivery people)

5. Has your dog ever acted in a threatening or menacing manner towards an individual?
(Such as growling, barking at or lunging toward or biting a person)

If yes, describe. _____

6. What are your dog's favorite games or activities? _____

7. How do you discipline or correct your dog? _____

8. What does this dog do when she or he becomes stressed? _____

9. What do you do when you realize that your dog is stressed? _____

10. Do you feel there are any skills your dog needs to work on.? _____
