

Step #1: ITA Volunteer Team Handler's Questionnaire

- (1) The person who will visit with the animal being tested must complete this form. (If you are not the owner, you must provide written permission from the owner to handle this animal.)
- (2) Bring this along for the ITA Evaluator to review at the time you take your team test.
- (3) You must complete a separate form for each animal with whom you test.
- (4) Include this form when you submit your registration package to ITA.

		DATE:				
Handler:			Owner (if different):			
Animal's Name:S		Speci	pecies/Breed:		Age:	
1.	How did you acquire your animal companion?					
	□ Breeder□ Shelter/Rescue□ Former service dog trainee ?		Friend Pet store Other:			
2.	How long have you had or known this animal?					
3.	. Have you or your animal trained or practiced at the same location where you are being evaluated? $\ \square$ No $\ \square$ Yes					
4.	Have you previously been evaluated for therapy work with this animal by another organization? ☐ No ☐ Yes (IF YES:) Which one? When? And have you been active as a visiting team? ☐ No ☐ Yes					
5.	If you are registering with a dog, has the dog ever been encouraged or trained to bite, even as part of a dog sport (e.g., Schutzhund)? □ No □ Yes					
6.	List all cues this animal responds to reliably:					
7.		k all th	nat apply) □ To □ Ao	oddlers dolescents dult women		
	☐ Seniors		☐ Of	ther:		
8.	Is there a type of individual that this □ No □ People wearing hats □ People that move differently □ People of a different race	_ _	imal avoids or seems uncomfortable around? Yes: (If yes, check all that apply) People with facial hair People using unusual equipment Other:			

joys your team volunteering? 21.Have you seen any changes in his/her reactions or behaviors over the last two years of your volunteering experience?					
FOR RENEWING TEAMS: 20.What does your partner do that indicates to you s/he looks forward to and en-					
19	. Is this animal your personal assistance dog? □ No □ Yes (If yes, describe what s/he is trained to do)				
18. What do you do when you recognize that your animal is stressed?					
17. What does this animal do when it becomes stressed?					
16. How do you correct or redirect this animal's undesirable behaviors?					
15	. Is there any medical or structural reason that your dog may not be able to sit or down? □ No □ Yes (If yes, describe the reason)				
14	. Does your animal have any health problems? Take regular medications? If so, please explain.				
	. What is this animal's favorite game or activity? (Check all that apply) Frisbee/catch				
10					
12	. Are there other animals in your home? □ No □ Yes (If yes, what kind and how many?)				
11	. Has this animal ever seriously injured or killed another animal? □ No □ Yes (If yes, describe the situation)				
10	. List any kinds of animals that this animal does not react well to.				
	□ No □ Yes (If yes, describe)				
9.	Has this animal ever acted in a threatening or menacing manner towards an individual or group of individuals? Threatening/menacing includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting an individual.				