



**Furry  
Friends**  
Pet  
Assisted  
Therapy  
Services

Furry Friends Pet Assisted Therapy Services' mission is to consistently facilitate the delivery of the love and affection of our volunteers and their pets. We enhance the lives and touch the hearts of people with special needs.

## We're Licking Loneliness!

### Veterinary Pet Evaluation Form

(To be completed and signed only by a Veterinarian)

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Pet's Name: \_\_\_\_\_ Pet's Age: \_\_\_\_ years old      Weight of Pet: \_\_\_\_\_ lbs.

Breed of pet: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed or neutered ? \_\_\_\_\_

**Note to the Veterinary Professional:** You are being asked to perform a suitability evaluation of the pet above for work as a Pet Therapist. Furry Friends Pet Assisted Therapy Services acknowledges that animal behavior cannot be accurately predicted and thus holds you harmless from any legal liability from your observations and recommendations below. However, your professional opinion of the suitability of this animal for pet therapy work is vitally needed for Furry Friends and its animal behavior consultant(s) to have so we can better evaluate the suitability of this pet for therapy work. You must feel free to state your observations accurately below, as answers that look negative in nature may not (in themselves) disqualify this pet from service as additional behavior tests will be administered to this pet prior to admission to Furry Friends.

#### I. Approaching the pet:

When you first approached the pet above, did he/she growl, raise his/her fur, bare teeth, or show any other exhibitions of aggression or defensive behavior? (yes or no with further observations if needed)

#### II. Handling the pet:

When handling (picking up in arms or laying fully or partially on lap) the pet, did he/she growl, raise his/her fur, bare teeth, or show any other exhibitions of aggression or defensive behavior? Did he/she try to escape from you in a frantic manner? (yes or no with further observations if needed)

**Furry Friends Pet Assisted Therapy Services**  
A California non-profit organization  
**P.O. Box 5099 San Jose, CA 95150-5099**

[www.FurryFriends.org](http://www.FurryFriends.org)

**email:** [admin@furryfriends.org](mailto:admin@furryfriends.org)

Vet Pet Evaluation For 8/2019

**III. Pain Threshold:**

Briefly and gently pinch the webbing between toes and pull the hair from his/her side and back. Did the pet growl, snap, bite, hiss, scratch, act fearful, or frantically try to escape from you after administering the above test? (*yes or no with further observations if needed*)

**IV. Overall Evaluation:**

Please provide us with any general observations about this pet.

**V. Final Thoughts:**

In general, do you feel that this pet will be suitable for volunteer service as a Pet Therapist in nursing homes, developmentally disabled treatment facilities, schools, juvenile probation sites, and/or hospitals?

Veterinarian's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Furry Friends Pet Assisted Therapy Services thanks you for your cooperation.**

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