

**UF HEALTH JACKSONVILLE  
VOLUNTEER SERVICES DEPARTMENT  
*Dog Therapy Volunteer Application Supplemental Form***

**Today's Date:** \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Daytime phone \_\_\_\_\_

Dog's Name \_\_\_\_\_ Age \_\_\_\_\_ Breed \_\_\_\_\_

Veterinarian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you currently a member of a pet therapy program or organization? \_\_\_\_\_

If so, please list name and town it is located in \_\_\_\_\_

Day/Time available to participate in dog therapy program: \_\_\_\_\_

How often would you be available to volunteer (i.e. weekly, biweekly)? \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

Has the dog had any obedience training? \_\_\_\_\_

Does the dog have its AKC Canine Good Citizen Certificate? \_\_\_\_\_

How does the dog react to other dogs? \_\_\_\_\_

(OVER)

Does the dog dislike slippery floors? \_\_\_\_\_

How does the dog react to loud noises? \_\_\_\_\_

Is the dog afraid of strange objects? \_\_\_\_\_

Had the dog ever bitten anyone? \_\_\_\_\_

Does the dog like or dislike children? \_\_\_\_\_

Is the dog current on inoculations/ teeth cleaning? \_\_\_\_\_

Does the dog do any tricks? (name) \_\_\_\_\_

Is the dog friendly to strangers? \_\_\_\_\_

Does the dog jump on people? \_\_\_\_\_

Does the dog consume raw meat as a part of their diet? \_\_\_\_\_

Explain how you think the dog will react to hospital equipment (i.e. wheelchairs, crutches, noisy equipment, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any further comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_