



PAWS Therapy Team Certification Packet

PAWS Therapy Team, Address,

Boardman, Ohio, 44512

PAWS Therapy Team New Member Certification Packet

PAWS Therapy Team

New Member Certification and Application Packet
Official Board Approved Forms and Procedures

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1. Welcome to PAWS Therapy Team

Thank you for your interest in becoming a certified Member of PAWS Therapy Team. PAWS Therapy Team is dedicated to providing safe, professional, and compassionate animal-assisted volunteer visits through qualified handler/dog teams. This packet has been developed to guide each prospective Member through the certification process and to ensure consistency in testing, documentation, and membership approval.

The PAWS certification process begins with a background check. In today's environment, the safety of our clients, facilities, and volunteers is a top priority. Background checks help ensure that our visiting facilities can feel confident welcoming PAWS teams. They also help keep PAWS Therapy Team insurance premiums lower, which in turn helps us keep annual membership fees affordable.

Once your background check has been successfully completed, you may schedule testing with one of our PAWS Tester/Observers. The first step is the Handling Assessment. If you and your dog successfully pass this assessment, you will then move on to the next phase of the process: three supervised Observations.

In addition to completing the PAWS Member Application paperwork and the required Sterling Volunteers background check, you must bring the following items with you to your Handling Assessment and each Observation with the Tester/Observer:

- A leash that is 4 feet long or shorter
- A PAWS-approved collar

Please note that even if the Tester/Observer recommends you and your dog for certification, your application to become a certified therapy dog team is not considered fully approved until the PAWS Office has reviewed, processed, and officially issued your certification. PAWS Therapy Team reserves the right to deny, revoke, or decline to renew membership when necessary.

For your application to be reviewed and approved, the following items must be completed and submitted together within 30 days of your Handling Assessment:

- Proof of successful completion of the Sterling Volunteers background check
- Completed Member Application and PAWS Certification Test
- Signed Assumption of Risk and Release of Liability form
- Completed Vaccination Verification Form
- Signed Rules Review
- Correct membership fees

Enclosed you will find the application materials, assessment information, and the PAWS Important Facts, Rules, and Guidelines to Know Before Testing for your review. Additional information, including the link to begin your background check, can be found on the PAWS Therapy Team website. Prospective applicants are encouraged to read this packet carefully in its entirety prior to beginning the assessment process.

We look forward to hearing from you and to assisting you as you begin the certification process with your dog.



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2. Membership Eligibility Requirements

To be eligible for certification consideration, applicants must meet the following minimum qualifications:

- The dog must be friendly, stable, and appropriate for volunteer animal-assisted interactions.
- Dogs must be at least one (1) year of age at the time of the Handling Assessment.
- Dogs must have passed their CGC test level (canine good citizen)
- The handler must have maintained a close working relationship with the dog for a minimum of six (6) months prior to testing.
- The handler must demonstrate the ability to safely control and advocate for the dog in public settings.
- The applicant must agree to comply with all PAWS Therapy Team Rules, Regulations, Policies, Code of Ethics, and Bylaws.

Meeting these minimum qualifications does not guarantee certification. Final approval is granted only upon successful completion of all testing requirements and formal Board processing.



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3. Background Check Requirement

All prospective Members, with the exception of Junior Member applicants, are required to complete a PAWS Therapy Team approved background check prior to entering the testing process.

At PAWS Therapy Team, we are dedicated to maintaining a high-quality program and ensuring that our Members are individuals our visiting facilities can trust and feel comfortable welcoming. To support this commitment, all prospective Members—except Junior Member applicants—are asked to complete a background check before moving forward with the assessment process.

Background checks have become a common and important part of volunteer service. They help provide the facilities we visit with added peace of mind, knowing that PAWS Therapy Team volunteers have been carefully screened. Completing background checks before testing also helps keep PAWS Therapy Team insurance costs lower, which in turn helps us keep annual membership fees as affordable as possible.

PAWS Therapy Team has partnered with Sterling Volunteers to process background checks for our applicants. The cost is \$20.00, and your completed report may also be shared with other organizations if needed. Sterling Volunteers allows your first share with one additional organization at no extra cost.

Once you complete the background check, PAWS Therapy Team will review the results and notify you as soon as you are eligible to begin the testing process. At that time, you will receive a letter or email to provide to the Tester/Observer who will be working with you and your dog.

You can find complete information about the process and access the background check through the PAWS website by following these simple steps:

- Visit the PAWS Therapy Team website.
- Click on Join.
- Scroll down and select Begin Background Check.
- Follow the instructions to submit the information needed for the screening.

After your background check has been completed and approved, you will receive an email confirming that you are eligible to take the PAWS test. You may then contact the Tester/Observer to begin the PAWS Certification Test.

If you are unable to locate or did not receive the confirmation email, you may instead provide the Tester/Observer with a printout of the first page of your **Confidential Background Check Report**, which can be accessed by clicking the badge on your Sterling Volunteers page.

If any questions arise regarding your background check, PAWS Therapy Team will contact you directly to assist you and request any additional information that may be needed. We appreciate your cooperation with this important step and look forward to helping you and your dog move ahead in the certification process.



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4. Important Things to Know Before Testing

Applicants are expected to review and understand the following requirements prior to attending any Handling Assessment or Observation.

Required Visit Materials

- Current membership card (once issued)
- PAWS identification tag on approved collar, harness, or vest
- Approved leash four (4) feet in length or shorter
- Written or electronic proof of current vaccinations available upon request

Handler Attire Standards

Handlers must present a neat, modest, and professional appearance appropriate for volunteer service.

Permitted footwear must include secure walking shoes with backs or heel straps.

The following are not permitted:

flip-flops, high heels, backless shoes, short shorts, tank tops, bare midriffs, or similarly inappropriate attire.

Approved Dog Equipment

- **Approved collars** include slip, buckle, quick release, martingale, limited slip, and other smooth collars made of chain, nylon, or leather. The collar should fit snugly enough so the dog cannot easily back out of the collar or slip it off of his/her head. A slip collar should be correctly worn so it releases properly as designed.
- **Leashes** must be 4 feet in length or shorter and made of material strong enough for the size
- **Not permitted:** retractable leashes, slip leashes, elastic or bungee leashes, chain leashes, pinch/prong/spiked/electronic collars, clickers, body halters or harnesses fastened with Velcro or clothing snaps.

Visit Duration Definition

A PAWS visit begins immediately when the handler/dog team exits the vehicle or steps onto facility property and ends only after the team has completely left facility property.

Handler Control Requirement

The handler must maintain physical possession of the leash at all times. Dogs may not be left unattended with staff, visitors, patients, or other handlers.



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Your Dog is Your First Priority:

- Handlers must have their attention on their dogs for the safety and welfare of their therapy dogs as well as those whom they visit. Do not become so comfortable that you become careless.
- Excuse yourself and your dog from any situation you do not believe will be a positive experience for all involved. Never put yourself or your dog in a questionable or threatening situation. Handlers should evaluate their dog's health and attitude, as well as their own, prior to every visit.
- Be alert to signs of stress in your dog and yourself. Monitor the body language of your dog for signs of stress, including, but not limited to: Excessive panting, licking, jumping or climbing on you for security, hiding behind you, shaking or developing tremors in the body or legs, pressing the ears and tail close to the body, yawning or changing facial expressions, looking for an escape route or doorway, refusing to socialize.
- *PAWS warning signs of stress in your dog are available on the website. If your dog is showing signs of stress, it is important to leave the visit immediately.*

Maintain Control of Dog's Head:

- Facial kisses are not allowed in front of the human or dog's ears.
- Maintain control of your dog's head at all times when visiting.
- *(Examples: Hold the collar, face your dog away from the person, or gently hold their face or chin.)*

2-foot Rule:

- Dogs must be kept at least 2 feet from other dogs and animals at all times while on a PAWS in-person visit.
- If a dog prefers more than 2 feet, the handler should provide for the dog's needs. You are not covered by insurance if your dog is within 2 feet of another animal, including when posing for photos.

Treats on Visits: Treats are not allowed during the Handling Assessment. During the Observations, only the handler may give treats to their dog. Do not allow those you visit to give your dog treats.

Dogs on Laps and Furniture:

- The PAWS Member/handler must know and strictly adhere to the facility policy concerning dogs on any laps and furniture.
- This is for all furniture, including, but not limited to, chairs, couches, wheelchairs, beds, or physical therapy beds or pads. The handler must be in control of the dog's head at all times.



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- Dogs over 15 pounds cannot be placed on laps
- Dogs under 50 pound can be placed on occupied furniture.
- All dogs may be placed on unoccupied furniture.

Photos: If photos are allowed, Members must have a PAWS Media Authorization Release Form signed prior to taking any photo which identifies any individual (e.g. face, tattoo, birthmark, scar, etc.). A facility's or organization's media release may not be used instead of the PAWS media release.

A Member in Good Standing Meets the Following Criteria:

- Is current on dues.
- Is not presently suspended from making visits for any reason.
- Abides by the PAWS Rules and Regulations.
- Your therapy dog is up to date on vaccines, has had a negative fecal test and an annual wellness exam within the past 12 months.
- Participates in and logs at least 1 in-person visit every 3 months.

These PAWS Therapy Team membership requirements are the same for Junior Handlers.



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5. Assumption of Risk and Release of Liability

See attached Form A

Please read carefully. This document contains an Assumption of Risk, Release of Liability, and Waiver of Certain Legal Rights.

Because PAWS activities involve interaction with dogs, people, facilities, and a variety of environments, there are inherent risks involved. While every effort is made to maintain a safe experience, accidents or unforeseen incidents can occur. For that reason, all prospective Members are required to carefully review and sign this Assumption of Risk and Release of Liability before participating in any assessment, observation, or PAWS-related activity.

By signing below, the applicant acknowledges that participation in PAWS Therapy Team assessments, visits, events, and activities involves inherent risks and voluntarily accepts full responsibility for personal safety, dog safety, and any accompanying individuals.

The applicant further agrees to release, hold harmless, and indemnify PAWS Therapy Team, its directors, officers, agents, employees, members, sponsors, contractors, related parties, and affiliates from any and all claims, damages, injuries, liabilities, or legal actions arising from participation.

You agree to follow all PAWS Therapy Team rules, regulations, policies, and safety guidelines at all times.

You understand that this document is legally binding and that your signature indicates your voluntary acceptance of these terms.

If signing on behalf of a minor applicant, you certify that you are the parent or legal guardian authorized to sign on the minor's behalf.

We appreciate your cooperation in helping us maintain a safe and positive experience for all PAWS volunteers, dogs, partner facilities, and clients.



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6. Vaccination Verification Form

See attached Form B

A current veterinarian signed, stamped, and dated Vaccination Verification Form is required prior to final application submission.

Veterinarian Name: _____

Veterinarian Signature/Stamp: _____ Date: _____

7. Membership Application

This application must be received within thirty (30) days of the date of the Handling Assessment.

Items marked with an asterisk (*) are required for membership.

Please note that the minimum age for regular membership is **18 years old**. Applicants ages **12–17** may be tested for Junior Membership.

Applicant Information

Existing Member ID #: _____

*Full Legal Name: _____

*Preferred Name: _____

*Mailing Address: _____

*City: _____ State: _____ Zip: _____

*Phone: _____ Email: _____

Date of Birth (if minor): _____

Dog Information

*Dog's Call Name: _____

*Breed or Mix Type: _____

Dog's Date of Birth (if known): _____

Sex: Male Female



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Volunteer Capacity Verification

Will this dog be used in the handler's line of work to perform therapy dog-type functions?

Yes No

If yes, occupation: _____

Please note: PAWS Therapy Team certifies therapy dog teams for volunteer service only. PAWS Therapy Team insurance coverage applies only while participating in approved volunteer activities **under the PAWS name.**

Applicant Certification Statement

I certify that I have read and understand this Applicant Packet and agree to comply with all PAWS Therapy Team Rules, Regulations, Policies, Code of Ethics, and Bylaws. I understand that recommendation by a Tester/Observer does not constitute final approval, and that certification is granted only after Board review and issuance.

I understand that my dog will wear the official PAWS identification tag during visits, and that I am covered for liability under PAWS Therapy Team insurance only while participating in visits under the PAWS name and while following all PAWS Rules, Regulations, Policies, Code of Ethics, and Bylaws. I agree that I will not misrepresent my therapy dog as a service dog for the purpose of gaining public access to airplanes, restaurants, stores, public buildings, or any other location.

I agree to provide the required annual veterinary care as established by PAWS Therapy Team.

I understand that, as a PAWS Member, I am required to complete and log a minimum of one volunteer visit per month with my dog.

I also understand that all applicants are expected to treat PAWS representatives with courtesy and respect throughout the Certification Testing Process and after membership is attained.

***Applicant Signature:** _____ ***Date:** _____

***Age of Applicant (if minor):** _____

***Signature of Parent/Guardian:** _____ ***Date:** _____

Emergency Contact Information

***Emergency Contact/Legal Guardian Name:** _____

***Emergency Contact Phone Number:** _____



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8. Membership Submission Requirements and Fee Schedule

Required Submission Checklist

- Sterling Volunteers Proof of Eligibility
- Completed Handling Assessment
- Completed Required Observations
- Completed Membership Application
- Signed Assumption of Risk and Release of Liability
- Signed Rules Review Form
- Completed Health Verification Form
- Membership Fees

A separate application packet is required for each individual handler/dog team.

Current Membership Fee Schedule

Membership Type	Total Due
Single Membership (1 person / 1 dog)	\$55
Single Membership (1 person / 2 dogs)	\$70
Two People, One Household, One Dog	\$70
Additional Dog or Handler (existing household)	\$15
Supporting Membership	\$20



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9. Rules Review

The following topics must be discussed and reviewed with the Tester/Observer prior to completion of certification:

1. Signs of canine stress and handler response
2. Proper leash handling requirements
3. Maintaining membership in good standing
4. Media and photography policy
5. Maintaining control of the dog's head and positioning
6. Required visit materials

Tester/Observer Signature: _____ Date: _____

Tester/Observer Printed Name: _____

Applicant Signature: _____ Date: _____

10. Tester/Observer Instructions

Tester/Observers are responsible for:

- reviewing all applicant forms for completeness,
- confirming proof of background check eligibility,
- discussing Rules Review items,
- conducting the Handling Assessment in full,
- conducting or coordinating required Observations,
- documenting all comments and areas needing improvement,
- and forwarding completed originals to the PAWS Office within required deadlines.

Tester/Observers must evaluate each team consistently according to PAWS standards and should not recommend certification for any team demonstrating unsafe, unstable, or inappropriate behavior.



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11. PAWS Therapy Team Certification Test — Handling Assessment

Office copy must be received within two (2) months of the date of the Handling Assessment.

See attached Form C

Applicant Full Legal Name: _____

Dog's Call Name: _____

Date of Handling Assessment: _____

Overall Pass Overall Fail

Tester Signature: _____

Tester Name: _____

(Complete detailed Handling Assessment Sections 1–11 on attached official assessment pages.)

12. PAWS Therapy Team Observation Evaluation Form

See attached Form D

A minimum of three (3) Observations is required. A maximum of five (5) is permitted.

All Observations must occur on separate dates.

Applicant Full Legal Name: _____

Dog's Name: _____

Observation Number: _____

Type of Facility Used: _____

Pass Fail

Comments / Areas for Improvement:



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13. Submission Instructions

See attached Form E

Applicants should retain copies of all completed forms.

Original completed documents must be mailed or delivered to:

PAWS Therapy Team

Address

Telephone

Paperwork may also be emailed to: pawstherapyteam@gmail.com

Membership dues payment instructions will be issued upon receipt confirmation.



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Section 14: Form A

Release of Liability

Release of Liability

I hereby **UNCONDITIONALLY RELEASE, HOLD HARMLESS, and AGREE TO INDEMNIFY PAWS Therapy Team** and all of its directors, officers, agents, employees, members, sponsors, contractors, related parties, and affiliates (collectively referred to as the “Releasees”) from and against any and all claims, demands, liabilities, costs, expenses (including attorney fees), causes of action, or legal proceedings arising out of or related to any loss, damage, injury, disability, illness, or death sustained by me, my dog, my property, or any individual accompanying me, including their property, as a result of participation in PAWS Therapy Team assessments, visits, events, or other activities.

I certify that I have carefully read this Release, fully understand its contents, and sign it knowingly and voluntarily.

I further acknowledge that I am physically able to participate in PAWS Therapy Team activities and that I assume full responsibility for my participation.

I certify that I am of legal age and have the authority to sign this Release. If signing on behalf of a minor, I certify that I am the parent or legal guardian of that minor applicant.

Has this dog ever bitten a person? Yes No

If yes, date of bite: _____

Are you the owner of this dog? Yes No

Have you had a relationship with this dog for at least six (6) months? Yes No

Prospective Member Signature: _____ Date: _____

Print Full Legal Name: _____

Parent/Guardian Signature (if applicable): _____

This document must be signed by the prospective Member prior to assessment.

A separate signed Release is required for each handler/dog team and must be submitted with the PAWS Therapy Team Certification and Membership Application materials.



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Section 15: Form B

Vaccination Verification Form

PAWS Therapy Team Health Verification Form

Dog's Call Name: _____

Breed or Mix Type: _____

Date of Birth (if known): _____

Owner/Handler Name: _____

I certify that the above-named dog is currently under my veterinary care and, to the best of my knowledge, is in good health, free of communicable disease, and medically appropriate to participate in supervised therapy dog volunteer visits.

Dates and Signature to be Completed by the Veterinarian or Vet Clinic Staff Only

- Date annual wellness exam was completed (within the past 12 months) _____
- Date current negative fecal exam was completed (within the past 12 months) _____
- Date current rabies vaccination was given _____ 1 year 3 year or Date of Rabies Titer _____ Titer Level _____
(must be within the last 2 years and greater than or equal 0.5 IU to be accepted)

Additional Notes/Restrictions: _____

Veterinarian Name: _____

Clinic Name: _____

Veterinarian Signature/Stamp: _____ Date: _____



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Section 16: Form C

Detailed Handling Assessment Pages

PAWS Therapy Team Detailed Handling Assessment

Applicant Full Legal Name: _____

Dog's Call Name: _____

Date of Assessment: _____

Tester/Observer: _____

Is this the first time being assessed with this dog for PAWS Therapy Team? Yes No

If assessed before, please indicate the approximate previous assessment date(s): _____

Is this a retest due to a lapse in visits or for another reason? Yes No

The PAWS Therapy Team Certification Test may be taken no more than 3 times with the same dog, with at least 30 days in between tests. Falsification of any information will result in membership denial.

Bring to the Test:

- Proof that you have successfully completed the Sterling Volunteers background check
- A completed, veterinarian signed/stamped and dated Vaccination Verification Form
- A completed, signed and dated Assumption of Risk and Release of Liability form.

Each Handler/Dog Team Must Pass All Sections of This Assessment

Section 1 — Handler Attention to Instructions

Approved collar present: Yes No

Approved 4-foot or shorter leash present: Yes No

Handler appropriately dressed including footwear: Yes No

Pass Fail

Comments / Areas for Improvement: _____

Section 2 — Initial Meeting

Handler in control: Yes No

Handler and dog polite: Yes No

Dog redirected appropriately if needed: Yes No N/A

Dog praised appropriately: Yes No

Dog clean and groomed: Yes No



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Pass Fail

Comments / Areas for Improvement: _____

Section 3 — Physical Handling of Dog

Head/body/tail touched appropriately: Acceptable Unacceptable

Paws touched appropriately: Acceptable Unacceptable

Throat touched appropriately: Acceptable Unacceptable

Ears handled appropriately: Acceptable Unacceptable

Pass Fail

Comments / Areas for Improvement: _____

Section 4 — Loose Leash Control

Dog held, lifted, carried and/or in stroller for assessment* Yes No

Team moving forward, changing pace between normal, slow and quick Yes No

Team making left and right turns and turning around Yes No

Stopping with dog staying calmly by the handler's side for 5 seconds Yes No

A person rushing past the team while in motion (from front/back/side) Yes No

Near a person walking unsteadily Yes No

Team going up to a seated person for petting Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____

Section 5 — Canine-to-Canine Behavior

Dog held, lifted, carried and/or in stroller for assessment* Yes No NA

Was the handler in control? Yes No

Did the dog bark at other dog(s)? Yes No

Was the dog interested in other dog(s)? Yes No

Was any sign of unprovoked aggression demonstrated? Yes No

Was the dog corrected or redirected for inappropriate behavior Yes No NA

Did the handler praise the dog? Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____



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Section 6 — Canine-to-Human Behavior: *Tasks we will be looking at:*

Sit your dog while handler visits/conducts business

Wait (place) while handler gets item

Person approaches

Sit and wait to be called through door

Dog held, lifted, carried and/or in stroller for assessment* Yes No or NA

Was the handler in control? Yes No

Did the dog bark at person(s)? Yes No

Was the dog interested in the person(s)? Yes No

Was any sign of aggression demonstrated? Yes No

Was the dog corrected or redirected for inappropriate behavior? Yes No NA

Did the handler praise the dog? Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____

Section 7 — Canine Distractions: *Tasks we will be looking at:*

Patient in wheelchair, using a walker, using a cane present

Person carrying a bag approaches

Food distractions, "leave it"

Crowd

Comes when called

Dog held, lifted, carried and/or in stroller for assessment* Yes No or NA

Was the handler in control? Yes No

Did the dog bark at person(s)? Yes No

Was the dog interested in the person(s)? Yes No

Was any sign of aggression demonstrated? Yes No

Was the dog corrected or redirected for inappropriate behavior? Yes No NA

Did the handler praise the dog? Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____



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Section 8 — Canine Environment: *Task we will be looking at:*

Stairs/elevator:

Mock children's services, library, or school setting

Walking past other dogs

People approaching

Walking on different surfaces

Emergency vehicle-street noise (if possible)

Dog held, lifted, carried and/or in stroller for assessment* Yes No or NA

Was the handler in control? Yes No

Did the dog bark at person(s)? Yes No

Was the dog interested in the person(s)? Yes No

Was any sign of aggression demonstrated? Yes No

Was the dog corrected or redirected for inappropriate behavior? Yes No NA

Did the handler praise the dog? Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____

Section 9 — Dog Responsiveness

Did the dog demonstrate a willingness to participate in the exercises? Yes No

If initially excited, did the dog calm down and begin to respond? Yes No NA

Did the dog exhibit signs of avoidance or stress during the test? Yes No

Pass Fail

Comments or, if needed, areas for improvement: _____

Section 10 — Handler Ability

Does the handler have the ability to safely handle this dog?

Pass Fail

Comments or, if needed, areas for improvement: _____



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Section 11 — Handler Follow-Through

Did the handler follow your instructions during the handling portion of the assessment?

Pass Fail

Comments or, if needed, areas for improvement: _____

Final Handling Assessment Result: Overall Pass Overall Fail

Tester Signature: _____ Date: _____

** Any dog that might be held, lifted or carried during visits must also perform the exercise held by the handler.*



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Section 17: Form D

Observation Evaluation: Observation # _____

PAWS Therapy Team Observation Evaluation Form

Applicant Full Legal Name: _____

Dog's Name: _____

Observation Number: _____

Date: _____

Facility Type: _____

Held/lifted/carried/stroller behavior acceptable: Yes No N/A

Handler safely handles dog: Yes No

Handler follows instructions: Yes No

Handler follows PAWS Rules and Regulations: Yes No

Proper approved equipment present: Yes No

Dog willing to participate: Yes No

Dog calms if initially excited: Yes No N/A

Dog exhibits avoidance/stress: Yes No

Team safely interacts with people: Yes No

Needs improvement: Yes No

Fifth Observation required: Yes No

Pass Fail

Comments / Areas for Improvement: _____

Observer Signature: _____ Date: _____

Observer Name: _____

Observed in Stroller: Yes No



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Section 17: Form E

Office Submission Checklist

PAWS Therapy Team Office Use Submission Checklist

Applicant Name: _____

Dog Name: _____

- Background Check Eligibility Verified
- Membership Application Complete
- Vaccination Verification Received
- Health Verification Received
- Liability Waiver Signed
- Rules Review Signed
- Handling Assessment Received
- Minimum Observations Received
- Fees Paid
- Board Processing Complete
- Certification Issued

Processed by: _____ Date: _____

End of Official Applicant Packet