Volunteer Pet Therapy Program
Behavior and Temperament Questionnaire

Thank you for your interest in the BenePets pet therapy program. The goal of the program is to enrich the lives of our members through meaningful, home-style visits with friendly, well-behaved, registered therapy pets and their handlers.

Pet Owner/Handler ___________________________________________ Date ____________

Pet's Name _______________________________________________________

Species, Breed, Gender, & Age ____________________________________________

Home Phone ___________________________ Cell Phone ___________________________

eMail ________________________________________________________________

Mailing Address ______________________________________________________

Basic Requirements

Please mark all that apply.

Your pet:

☐ Is at least one year old
☐ Has been in your care for at least three months
☐ Is healthy and current on all shots (Rabies, DHLPP, Bordatella–veterinary proof required)
☐ Is clean and well groomed
☐ Is friendly, polite, and interested in people
☐ Is non-aggressive toward other pets
☐ Walks comfortably on a loose leash
☐ Demonstrates mastery of basic commands: Sit and Down, Stay and Come, Leave it

Mail completed form to: P.O. BOX 8450 | Surprise, AZ 85374. You will be contacted by the BenePets Coordinator.
Please be thorough and forthright in answering all questions; a negative response does not necessarily mean disqualification. Use the back of this page if you need more space.

1. Are you and your pet currently a registered therapy team? Yes □ No □
   If yes, which Registry/Expiration Date? __________________________________________________________________

2. Have you and your pet participated in a pet therapy program at another hospital or care facility? Yes □ No □
   If yes, where/when? __________________________________________________________________

3. Is your pet well socialized (new/noisy environments, crowds, strangers, etc.)? Yes □ No □

4. Has your pet completed a basic obedience course? Yes □ No □

5. Are you well attuned to your pet's signals (thirst, fear, need to go outside, etc.)? Yes □ No □

6. Does your pet enjoy meeting new people? Yes □ No □

7. Does your pet react well to children? Yes □ No □

8. Does your pet react well to other pets? Yes □ No □

9. Does your pet show signs of aggression toward any specific people or pets? Yes □ No □
   If yes, explain: __________________________________________________________________________

10. Does your dog bark excessively? Yes □ No □

11. Does your dog lick people? Yes □ No □

12. Has your dog ever bitten anyone? Yes □ No □
   If yes, explain: __________________________________________________________________________

13. Therapy animals must be clean and well groomed during each visit. Are you willing/able to comply with this requirement? Yes □ No □

14. Are you able to volunteer at least one hour every two weeks? Yes □ No □

Use the space below to provide additional information you would like us to know about you/your pet.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Office Use Only:

Evaluator Signature __________________________________________________________ Date __________

Comments: _____________________________________________________________________________

________________________________________________________________________________________

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