



Facility Feedback

Purpose of this feedback request:

to assess how Ottawa Therapy Dog (OTD) activities in individual programs meet OTD's standards of practice and the needs of clients.

The completed form is confidential and will not be shared with the OTD teams.

To be completed by Facility Representative or Contact Person for your OTD Team(s)

Please respond by May 28th, 2010.

Please answer to the best of your ability the questions that are relevant to your experience with each OTD handler for the past 6-12 months.

Facility Name: _____ Date: _____

Area/Unit/Floor: _____

Name/Title of person completing this form: _____

Phone Number: _____ Email: _____



1 What are the benefits for the clients who interact with the therapy dog?
Any memorable moments? Please explain:



2 Do you feel that there is open communication between your facility and the OTD administrator/volunteer coordinator? Yes No



3 Would you like any additional teams from OTD? No Yes If yes, please explain:



4 Do you have any general comments, observations or suggestions for Ottawa Therapy Dogs?



5 Would you like OTD to contact you to discuss any issues or concerns? Yes No

OTD Team visiting your facility

PLEASE COMPLETE FOR EACH OTTAWA THERAPY DOGS' TEAM(S) VISITING YOUR FACILITY

Name of Handler: _____

Name of Dog: _____

Program(s) visited by OTD team (e.g. Geriatric, Alzheimer's ward, General - list all):

a) **Frequency of visit** weekly bi-weekly monthly other (specify) _____

b) **How many clients/patients does the OTD team visit on a regular basis?** _____

c) **Does the handler arrive on the dates scheduled?**
Always Most of the time Sometimes Seldom N/A

d) **Does the handler arrive on time?** Always Most of the time Sometimes Seldom N/A

e) **Is the timing of OTD visits?** Just right Too short Too long

f) **Is the handler accompanied by a facility staff member while visiting?** Yes No
Or do they visit on their own? or both?

g) **Does the dog appear well groomed?** Always Most of the time Sometimes Seldom N/A

h) **Is the handler friendly, presentable, and professional?**
Always Most of the time Sometimes Seldom N/A

i) **Does the therapy dog interact well with the clients?**
Always Most of the time Sometimes Seldom N/A

j) **Has there ever been an incident, issue or concern with the OTD team?** e.g. where your Facility's standards of practice were not followed. Yes No If yes, please summarize:

Thank you for your time!

Ottawa Therapy Dogs
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1500 Bank Street
Ottawa, ON K1H 1B8

Should you have any questions, call 613.261.6834 (OTDI)
or email us at info@ottawatherapydogs.ca

You can mail or fax the completed form to **613.256.9133**



Good dogs doing great work!

www.ottawatherapydogs.ca