



OTTAWA THERAPY DOGS

Feedback Form – Facilities

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(Rationale: to gather feedback about OTD activities in individual programs to ensure we continue to maintain OTD's high standards of practice.)

TO BE COMPLETED BY OTD HANDLER:

Name of Therapy Dog Handler
Name of Dog
Program (i.e. geriatric ward, Alzheimer's ward, general,) list if more than one
How long have you been visiting at this facility?
How often do you visit? (1x week, 1x month, etc.)
Time and length of visits?
Average number of clients seen at each visit?

TO BE COMPLETED BY FACILITY REPRESENTATIVE:

Please answer to the best of your ability the questions that are relevant to your arrangements with your Ottawa Therapy Dog handler for the past 12 months.

Date _____

Name of Facility _____

Name of person completing this form _____

Phone number _____

E-mail address _____

Does the handler arrive on the dates scheduled?

Always_____ Most of the time_____ Sometimes_____ Seldom_____ N/A_____

Does the handler arrive on time?

Always_____ Most of the time_____ Sometimes_____ Seldom_____ N/A_____



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Is the timing of OTD visits?

Just right _____ Too short _____ Too long _____

Is the handler accompanied by a facility staff member while visiting? _____

Or do they visit on their own? _____

Does the dog appear well groomed?

Always _____ Most of the time _____ Sometimes _____ Seldom _____ Never _____

Is the handler friendly, presentable, and professional?

Always _____ Most of the time _____ Sometimes _____ Seldom _____ Never _____

Does the therapy dog interact well with the clients?

Always _____ Most of the time _____ Sometimes _____ Seldom _____ Never _____

What are the noticeable benefits for the clients who interact with the therapy dog? Please explain:

Have there been any incidents where your Facility's standards of practice were not followed?

No _____ Yes _____ If yes, please summarize:



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What other comments, observations or suggestions do you have?

Would you like us to get in touch with you to discuss any issues or concerns?

No _____ Yes _____

Would you like any additional teams from OTD?

No _____ Yes _____

Thank you for your time.

Please return this form in the attached envelope.