

OTTAWA THERAPY DOGS
2010 Feedback Form – Handler
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Please answer to the best of your ability the questions that are relevant to your placement and return this form with your **2010** Registration.

Today's Date: _____

Name of Therapy Dog Handler: _____

ID Number: _____

Name of Dog: _____

Phone number: _____

E-mail address: _____

Name of Facility: _____

Name of Program (i.e. geriatric ward, Alzheimer's ward, general,) list if more than one:

AAA? _____ AAT? _____

Name of Facility contact person: _____

Contact Phone number: _____

Contact E-mail: _____

How long have you been visiting at this facility? _____

How often do you visit (once/week, once/month, etc)? _____

Are the rules and procedures clearly communicated to you (codes to enter locked wards, which floors/ patients, residents to visit)

Always_____Most of the time_____Sometimes_____Seldom_____Never_____

Are you accompanied by a facility staff member while visiting _____, or are you on your own_____?

If you must be accompanied by staff, do they arrive at the meeting point on time?

Always_____Most of the time_____Sometimes_____Seldom_____Never_____

Is a lounge/place to hang your coat etc, provided? _____

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Does the environment suit your dog/does your dog appear comfortable and happy to be visiting?

Always_____Most of the time_____Sometimes_____Seldom_____Never_____

Are refreshments, water, etc made available?

Always_____Most of the time_____Sometimes_____Seldom_____Never_____

Do you feel your visits have a positive effect on residents/patients?

Always_____Most of the time_____Sometimes_____Seldom_____Never_____

Are you happy with this placement? _____

Would you like the option of moving to a new placement, and if so, what type of program?

Do you have any other comments, observations or suggestions?

Thank you.

Please return this form with your 2010 Registration package.