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**My Caring Paws**

**Pet Therapy Services - GROUP EVALUATION**

***A Component Fund of the Community Foundation of Carroll County***

**Handler, please complete what you can of the top bottom of the form and bring to the evaluation.**

Date: Group Evaluation Location:

Group Evaluation Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Evaluation Assistant: \_\_\_\_\_\_\_\_\_\_\_\_

Handler Name: Pet Name:

New Team \_\_\_\_\_\_\_\_\_\_\_ Reassessment\_\_\_\_\_\_\_\_\_\_\_ Breed:

Phone Number: Email:

Rabies Tag & Expiration Date:

Veterinarian Name: Phone Number:

Post-Orientation review complete? Yes or No

Overall Rating: Handler: READY \_\_\_\_\_\_\_\_\_ NOT READY \_\_\_\_\_\_\_\_

Pet: READY \_\_\_\_\_\_\_\_\_ NOT READY \_\_\_\_\_\_\_\_

Final Recommendation: □ Advance to Visit Evaluations □ Not quite ready, Reassessment required

Comments/Recommendations/Special Accommodations/Restrictions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Evaluation Leader Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Evaluation Assistant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Evaluator has taken a digital photo of this document for record keeping purposes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEEP all your paperwork until the end of the certification process with My Caring Paws, to be submitted and then you will receive your badge/scarf. When you are determined READY, the final steps are to set up the Site Visits. Please contact two different visit evaluators to schedule your on-site evaluations. or email mycaringpaws@gmail.com with questions about options and dates/times to proceed.

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**My Caring Paws**

**Pet Therapy Services - GROUP EVALUATION Testing**

***A Component Fund of the Community Foundation of Carroll County***

Handler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Breed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rating Scale: 1 – Advanced 2-Appropriate NR -Not Ready NA-Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill/Behavior** | **Handler Rating** |  **Pet Rating** | **Comments** |
| Appearance/Grooming |  |  |  |
| **INTERACTIONS** |  |  |  |
| Friendly Stranger |  |  |  |
| Gentle Petting |  |  |  |
| Clumsy Petting |  |  |  |
| Restraining Hug |  |  |  |
| Crowded Petting |  |  |  |
| Loud/Excited Person |  |  |  |
| Noise Distraction |  |  |  |
| Moving Equipment |  |  |  |
| **BASIC COMMANDS** |  |  |  |
| Sit |  |  |  |
| Stay |  |  |  |
| Down |  |  |  |
| Come |  |  |  |
| **EXCERCISES** |  |  |  |
| Walk/Greet another team |  |  |  |
| Leave it |  |  |  |
| Walk with obstacles |  |  |  |
| Walk with moving team |  |  |  |
| Wheelchair visit |  |  |  |
| Loose leash walking  |  |  |  |
| Accepting Treat |  |  |  |

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