

Dear Prospective Volunteer,

Thank you for your interest in *PET PALS*. This program recruits, screens, and trains teams of Volunteer Dogs and their owners to visit children who are patients at UW Children's Hospital. Our goal is to provide these very special kids with safe and enjoyable visits from loving canine friends.



Participating volunteer teams successfully complete a **three-tiered system of evaluation** and must **commit to at least one year of service** to the program. Each team visits the hospital 1-3 times each month, either on Tuesday evenings or Saturday afternoons.

The first level of evaluation is based on the accompanying Behavior and Health Information questionnaire, which will be reviewed by *PET PALS* veterinarians at the UW School of Veterinary Medicine. The program asks that any dogs considered for the *PET PALS* program have good temperaments, are in good health, and are either spayed or neutered.

The second level consists of a rigorous "hands-on" behavior evaluation by program veterinarians and veterinary students. If your dog passes the evaluation, you will be asked to contact the UW Hospital Volunteer Services Office and begin your own volunteer orientation.

The final stage of evaluation includes a complete physical examination and laboratory screening to assess your dog's health status. Once your dog passes this final evaluation, and you complete your hospital volunteer orientation, the two of you will be admitted to the program and will begin training for and making visits to the hospital.

We'll also schedule your dog for follow-up veterinary screens to ensure his or her continued suitability as a pet therapy volunteer. The initial veterinary evaluation, as well as the follow-up screens will be conducted at the UW School of Veterinary Medicine free-of-charge. However, you and your regular veterinarian will continue to be responsible for all other aspects of your dog's health care, including routine vaccinations and monthly heartworm preventive.

This extensive evaluation process is critically important to the program's success. It is designed to assure safe and enjoyable hospital visits for both the pediatric patients and our volunteer dogs. We realize that completing the evaluations is time-consuming and that only about one in fifteen dogs evaluated will be invited to become volunteers.

If your dog is not admitted or you do not have the time to complete the evaluations, please do not be disappointed -- there are other important ways to lend support to the *Pet Pals* program through organizational and fund raising activities. In addition, there are other means of volunteering your time and love to the UW Children's Hospital. To learn more about these opportunities, please contact the UW Hospital's Office of Volunteer Services at (608) 263-6046.

Finally, if you and your dog are interested in becoming *PET PALS* volunteers, please begin the evaluation process by completing the first page of the Behavior and Health Information questionnaire as thoroughly and honestly as possible. Be sure to include both daytime and evening telephone numbers. Ask your regular veterinarian to fill out the second page of the form. Then return the completed questionnaire to:

*PET PALS*  
c/o Linda Sullivan, DVM, MA  
UW School of Veterinary Medicine  
2015 Linden Drive  
Madison, WI 53706

Thank you again for your interest in our program!

Sincerely,

Drs. Linda Sullivan and Christopher Olsen  
UW School of Veterinary Medicine  
*Pet Pals* Coordinators



**PET PALS  
BEHAVIOR AND HEALTH INFORMATION**

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_(Home)

\_\_\_\_\_ (Work)

E-mail address: \_\_\_\_\_

Dog's name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

circle: Spayed/Neutered (required)

Birthdate: \_\_\_\_\_

***Please take the time to think about the following questions and answer them as honestly as you can. There are no right or wrong answers. No single answer will necessarily qualify you for or disqualify you from the program.***

Please comment on how your dog relates to:

Men: \_\_\_\_\_

Women: \_\_\_\_\_

Children: \_\_\_\_\_

Other dogs: \_\_\_\_\_

Please place an "x" next to behaviors or traits your dog exhibits or has exhibited:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Likes to be petted         | <input type="checkbox"/> Likes to be groomed | <input type="checkbox"/> Likes to follow you around           |
| <input type="checkbox"/> Likes to play with you     | <input type="checkbox"/> Responds to praise  | <input type="checkbox"/> Avoids direct eye contact            |
| <input type="checkbox"/> Shakes/"kills" toys        | <input type="checkbox"/> Jumps on people     | <input type="checkbox"/> Growls if surprised or startled      |
| <input type="checkbox"/> "Guards" his/her toys      | <input type="checkbox"/> Bites people        | <input type="checkbox"/> Urinates if yelled at or scared      |
| <input type="checkbox"/> "Guards" his/her territory | <input type="checkbox"/> Chases cats         | <input type="checkbox"/> Growls if you disturb his/her eating |
| <input type="checkbox"/> "Guards" you or children   | <input type="checkbox"/> Chases cars         | <input type="checkbox"/> Hides behind you if scared           |
| <input type="checkbox"/> Will sit on command        | <input type="checkbox"/> Chases bikes        | <input type="checkbox"/> Mounts other dogs/pillows            |
| <input type="checkbox"/> Chews on furniture         | <input type="checkbox"/> Attacks if cornered | <input type="checkbox"/> Defecates in the house               |
| <input type="checkbox"/> Fights with other dogs     | <input type="checkbox"/> Barks excessively   | <input type="checkbox"/> Is frightened by thunder             |
| <input type="checkbox"/> Dislikes slippery floors   | <input type="checkbox"/> Dislikes handling   | <input type="checkbox"/> Is frightened by brooms/vacuum       |

Is your dog 100% housebroken? \_\_\_\_\_  
How does he/she indicate a need to go out? \_\_\_\_\_

**I hereby certify that the answers I've provided are truthful and accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PET PALS**  
**VETERINARY HEALTH INFORMATION**

Owner name: \_\_\_\_\_

Volunteer dog name: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Current vaccinations      Date administered      Due date

DA<sub>2</sub>(H)PP                      \_\_\_\_\_                      \_\_\_\_\_

Rabies (tag \_\_\_\_\_)      \_\_\_\_\_                      \_\_\_\_\_

*Leptospira*                      \_\_\_\_\_                      \_\_\_\_\_

Other:                              \_\_\_\_\_                      \_\_\_\_\_

Parasite control              Test date      Results      Medications prescribed

Occ. heartworm      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Fecal flotation      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Direct fecal      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Major medical problems, if any:

Current medications, if any:

Allergies to medications, if any:

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_