



ANIMAL / HANDLER QUESTIONNAIRE

THANK YOU! for your interest in ANGEL PAWS ANIMAL ASSISTED ACTIVITIES & THERAPY. Please tell us about yourself by completing the following questionnaire. Your contributions to our commitment to excellence are very much appreciated!

DATE: _____

HANDLER: _____ Date of Birth _____

Occupation (optional): _____

EMAIL: _____ Fax: _____

Home Phone: _____ Work : _____ Mobil: _____

Full Address: _____

OWNER (if different from Handler) : _____

Full Address: _____

Day Phone: _____ Night : _____ Mobil: _____

EMAIL: _____ Fax: _____

Length of Ownership: _____

Length and nature of relationship to Handler: (if different from owner)

ANIMAL : _____ Date of Birth _____

Species: (dog, cat, rabbit, horse, etc.) _____

Breed/Mix: _____

Age: ____ Sex: ____ Spayed, Neutered or Intact: (circle one)

Weight: _____ Diet (what do you feed?): _____

Have you done any training with your dog?

If so what type of techniques did you learn?

What type of collar or harness did you train with?

What type of collar or harness does your dog wear now?

Are you open to feedback about and perhaps learning new ways of working and interacting with your dog?

Has your animal ever acted aggressively toward or shown fear of anyone or anything? (explain in detail)

Where did you hear about Angel Paws?

Why do you think you and your animal would make a good team?

What type of facility / population (if any) would you prefer to visit and why?:

Previous AAA/T experience if any:

Best times to volunteer:

VETERINARIAN : _____

Full Address: _____

Phone: _____

Might you be willing to assist in evaluations or special events?

Need financial assistance? (We never want finances to prevent an otherwise qualified team from participating. Please let us know if you need financial assistance with your registration fees.):

Additional Comments:

POTENTIAL BOARD MEMBER REFERRAL: (if you know of anyone (*maybe yourself?*) who may be of assistance in any of the following areas please circle field of expertise)
Veterinary, Health Care, Fund-Development, Special Events, Legal, CPA, etc.

Name: _____

Address: _____

Phone: _____ Email: _____

Okay to contact? _____

Please return to: Patti Shanaberg, Angel Paws, 1280 Hillview Circle West, Newark, OH 43055,
AngelPaws@roadrunner.com