

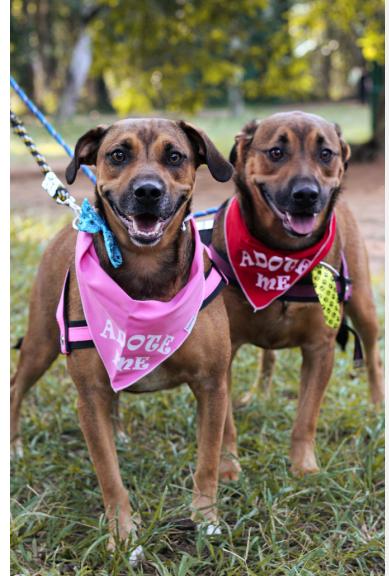
# ITA Affiliate Adding an Animal Checklist

## HANDLER'S QUESTIONNAIRE

Print this out and **bring it to your assessment**. Submit a completed copy while completing your electronic additional animal application.

## ANIMAL HEALTH SCREENING

Print this out and take it to your vet. Submit a completed copy while completing your electronic additional animal application.



## RESULTS OF FECAL TEST FOR PARASITES

Submit a copy of negative results while completing your electronic additional animal application. The test has to be done within 60 days of your assessment date (before or after).



## ASSESSMENT FORM

Your organization will complete this during your test. Submit the completed and signed form while completing your electronic additional animal application.

## ADDITIONAL ANIMAL APPLICATION

Once you have all of the documents above completed and ready to submit, you can fill out your electronic additional animal application. You can access the membership application using the QR code below or by going to [therapyanimals.org/ita-affiliate-organizations](http://therapyanimals.org/ita-affiliate-organizations), scroll to the bottom of the page, and click on the Additional Animal Application link.



## ADDITIONAL ANIMAL PAYMENT

Once you submit your application, you can pay to add your animal to your membership by choosing a payment method: request a PayPal invoice, mail a check, or call our Salt Lake Office to pay over the phone.

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**AFFILIATE**

## Step #1: ITA Volunteer Team Handler's Questionnaire

- (1) The person who will visit with the animal being tested must complete this form. (If you are not the owner, you must provide written permission from the owner to handle this animal.)
- (2) Bring this along for the ITA Evaluator to review at the time you take your team test.
- (3) You must complete a separate form for each animal with whom you test.
- (4) Include this form when you send your registration package to ITA.

DATE: \_\_\_\_\_

Handler: \_\_\_\_\_ Owner (if different): \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Species/Breed: \_\_\_\_\_ Age: \_\_\_\_\_

9. Has this animal ever acted in a threatening or menacing manner towards an individual or group of individuals? Threatening/menacing includes: overt staring, growling, snapping, snarling, barking at, lunging toward or biting an individual.

No       Yes (If yes, describe)

10. List any kinds of animals that this animal does not react well to.

11. Has this animal ever seriously injured or killed another animal?

No       Yes (If yes, describe the situation)

12. Are there other animals in your home?

No       Yes (If yes, what kind and how many?)

13. What is this animal's favorite game or activity? (Check all that apply)

Frisbee/catch       Chase games       Chew toys       Find-it games  
 Fetch and return       Wrestling       Tug of war  
 Agility/obstacles       Pounce games       Other: \_\_\_\_\_

14. Does your animal have any health problems? Take regular medications? If so, please explain.

15. Is there any medical or structural reason that your dog may not be able to sit or down?

No       Yes (If yes, describe the reason)

16. How do you correct or redirect this animal's undesirable behaviors?

17. What does this animal do when it becomes stressed?

18. What do you do when you recognize that your animal is stressed?

**Step #3:****ITA Volunteer Team  
Animal Health Screening Form**

INTERMOUNTAIN THERAPY ANIMALS

Dear Doctor:

Thank you for performing an examination of this pet for participation in Intermountain Therapy Animals' (ITA) volunteer programs. As you may be aware, ITA has been visiting patient-clients in hospitals, care centers, schools, libraries and many other settings since 1993, and we are now one of the largest groups of our kind in the United States.

Our program is distinguished by its attention to training the volunteer, evaluating the team every two years, and focusing on the relationship of the owner and his/her companion partner, including promoting the health and protection of the animal partner. By having a systematic process for registering teams, we minimize risk to the patients who are visited by the teams, and also respect the health and well-being of the animals who participate in the program.

The role of our animals' veterinarians is very important in this regard. The animal you are about to examine will be evaluated by a trained and licensed ITA Team Evaluator to test the animal's suitability for therapy-animal work. The evaluation requires the animal to demonstrate certain basic obedience skills such as "stay," and "leave it." The Evaluator will note whether the animal accepts being petted, sometimes roughly, and by multiple people simultaneously. Of supreme importance, the Evaluator will assess the animal's temperament and aptitude in a simulated healthcare setting. The animal will be observed as it reacts to loud noises, wheelchairs, walkers, and people with stumbling gait and/or speech impediments.

You are being asked to 1) assess the animal's overall health, including weight, which seems to be a growing issue among pets as well as people, and 2) any notable reactions to the process of physical handling. Please complete the enclosed health screening forms; be sure each section has been filled out. The animal's owner is responsible for returning the health-screening forms to ITA. These forms will be reviewed by ITA staff, along with the results of the evaluation, to determine the team's suitability to do visiting-animal work.

As you well know, there are varying opinions among those in the veterinary community about immunizations, and state laws with respect to rabies vaccinations vary. Our ITA Volunteer Teams are very responsible pet owners and have long-term and trusting relationships with their veterinarians. Rather than attempting to prescribe immunization schedules for dogs and cats (beyond compliance with state laws with respect to rabies vaccination), ITA will rely on your medical judgment and knowledge of the animal's health history and status. We want to be assured that the animal's immunity levels are sufficient, and that participation in animal-assisted therapy will not harm it. Likewise, we need to be sure that ITA animals will not put seriously ill people at further risk. Please also consider that visiting animals may be exposed to zoonotic agents because they visit people in healthcare facilities. *As this animal's veterinarian, you are the best person to render the overall opinion his/her health.*

In the event that this pet has been diagnosed with heart worm disease, please discuss with the pet's owner how this might affect this animal's ability to perform its therapy work, especially during the 6 to 8 weeks following treatment. We do not want its participation to exacerbate any condition or harm its progress in any way.

Thank you for your part in making ITA's program safe and rewarding for our hundreds of volunteers and thousands of people who need the kind of therapy that only animals can provide. As one of our clients at Utah Cancer Specialists recently declared, "The outside of a dog is the very best thing for the inside of a person."

We require that your examination of an animal, as well as a fecal test, be completed no more than 60 days prior to the date you complete these forms. It is important to us to make sure that our records are current.

Sincerely,



Kathy Klotz  
Executive Director

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**AFFILIATE**



INTERMOUNTAIN THERAPY ANIMALS

### Step #3: ITA Volunteer Team Animal Health Screening Form

Handler: Complete this section for review by your veterinarian before your appointment.

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Animal's Name: \_\_\_\_\_  Male  Female

Species/Breed: \_\_\_\_\_  Intact  Neutered/Spayed

Animal's Lifestyle:

active  moderately active  sedentary

Is animal boarded at kennels?

No  Yes (If yes, how often?) \_\_\_\_\_

What activities do you do with your animal that expose it to other animals?

dog/cat shows  training/sports classes  other (identify): \_\_\_\_\_

Does your animal spend time outdoors (other than for routine walks)?

No  Yes (If yes, please explain:) \_\_\_\_\_

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Name of Your Veterinarian: \_\_\_\_\_

Dear Doctor:

Please complete the remainder of this form.

How long have you known:

• This person/handler? \_\_\_\_\_

• This animal? \_\_\_\_\_

The date that I last examined this animal in person: \_\_\_\_\_

## Section 1: General Health of the Animal

The overall health of this animal is (select one):

- Excellent (No serious chronic diseases or disorders)
- Very good (Minor complaints associated with normal aging)
- Good (Chronic conditions with occasional flare-ups)
- Poor (Serious chronic condition requiring ongoing treatment)

### Vital signs:

Pulse:

Temperature:

Respiration:

Weight:

Body Condition Score (using the 1-9 scale): \_\_\_\_\_

If this animal has a BCS greater than 7, have you discussed weight loss with this owner?

- Yes
- No

How often do you see this animal?

- at least annually
- other (please explain) \_\_\_\_\_
- wellness program
- only when ill or injured
- every \_\_\_\_\_ months

## Section 2: General Systems Evaluation

Please list your findings and comment on any abnormal finding, e.g., heart is abnormal, dog has a systolic heart murmur. Note any physical problems that might put the animal at risk while on visits, e.g., arthritis, painful ear infection, excessive weight that would put additional stress on animal while visiting, etc.

System	Normal	Abnormal	Findings/Comments
General Appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	
Skin/Coat	<input type="checkbox"/>	<input type="checkbox"/>	
Musculo-skeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Heart/Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Digestive	<input type="checkbox"/>	<input type="checkbox"/>	
Urogenital	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	
Mucous Membranes	<input type="checkbox"/>	<input type="checkbox"/>	
Teeth/Mouth	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 3: Vaccinations and Tests for Dogs and Cats

(See following page for other species)

ITA believes that a pet's veterinarian and owner are in the best position to decide what types of tests and immunizations are appropriate for the animal.

To participate in ITA's animal-assisted therapy program, rabies immunizations are required for domesticated species, as prescribed by state law.

Any specifically listed vaccinations and tests are required for that species of animal. Animals that visit people in hospitals, nursing homes, and other healthcare facilities need to be healthy, clean, and well mannered so that they pose little risk to patients. It is equally important to minimize risk to animals that may be exposed to zoonotic agents that could cause harm to an immune compromised, unhealthy, or highly stressed animal.

Species	Vaccination	Expiration Date	Test	Result
Dogs	Rabies (state law)		Other (list)	
	Other (list)			
Cats	Rabies (state law)		FeLV/FIV	
	Other (list)		Other (list)	

### Section 4: Parasite Control for Dogs and Cats

**New Fecal Exam Required (within 60 days of the date of the vet's signature on this form.)**

**External** parasite control will vary depending on geographic area of the country. For your geographic area please indicate:

Parasite(s) controlled for: \_\_\_\_\_

Method of control: \_\_\_\_\_

**Internal** parasite control will have also some variation depending on geographic area of the country.

**A fecal exam for intestinal parasites is required as part of this exam.** ITA strongly recommends that therapy animals be on year-round treatment, such as Heartgard or Interceptor, for parasites, such as hook, whip, tape, roundworms, etc. These medications taken individually do not prevent all parasites, therefore the ITA Therapy Program requires annual fecal tests to check for internal parasites. Annual tests are required even if this dog or cat is on preventative medication. **Testing must be within 60 days of the date of the vet's signature on this form (below).**

Date of current fecal exam: \_\_\_\_\_

Results: \_\_\_\_\_

### Section 5: Overall Assessment for Dogs and Cats

In your professional judgment, is this animal a good candidate for ITA's visiting animal program?  Yes  No

Please feel free to comment further on your answer, if desired and if you feel it would be helpful to us in our assessment.

**Signature of DVM** \_\_\_\_\_ Print Name \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

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## Section 6: Vaccinations and Tests for Other Species

Species	Vaccination	Expiration Date	Test	Result
Birds			Fecal Flotation	
			Fecal gram stain	
			Chlamydia/Psittacosis	
Guinea Pigs/ Rabbits			Fecal exam	
			Animal should have a thorough assessment prior to every visit. If it is showing any symptoms or signs of illness, then it should not visit until cleared by a veterinarian.	
Horses	West Nile Virus			
	Influenza			
	Tetanus			
	WEE/EEE/VEE			
	Coggins test*			
	Other			
Internal parasite control for horses: The ITA Therapy Program requires annual fecal tests to check for internal parasites such as hook, whip, tape, and roundworms, etc., however your veterinarian may require more frequent testing and treatment. Annual fecal tests are required even if your horse is on preventative medication.				
Date of last fecal exam: _____				
Results: _____				
*Requirements for the Coggins test and the risk of equine infectious anemia vary by geographic area. <b>Please advise this owner whether a Coggins test should be required of this animal.</b> If yes, we will accept a negative test result within one year from the test date.				

## Section 7: Overall Assessment for Other Species

In your professional judgment, is this animal a good candidate for ITA's animal-assisted therapy program?  Yes  No

Please feel free to comment further on your answer, if desired and if you feel it would be helpful to us in our assessment.

Signature of DVM \_\_\_\_\_

Print Name \_\_\_\_\_

Clinic: \_\_\_\_\_ Date: \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_  
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