

Therapy Dog Manual

8. FORMS AND SAMPLES

This chapter contains several samples of forms and letters to facilitate the easy administration of the Therapy Dog Program. Sample letters should be adjusted locally as required. Forms can be copied and used directly.

Following is a list of forms and samples contained as annexes to this chapter:

Annex	Title
A	Visiting Rules
B	Volunteer Hour Log
C	Coordinator Background Information
D	Evaluation Form for Facility
E	Evaluation of Handler/Dog Teams Visiting Facilities
F	Application for Therapy Dog Certificates
G	Veterinarian Certification
H	Application Form for Therapy Dog Evaluator
I	Application Form for Visiting Children
J	Sample General Information
K	Sample Letter for Potential Volunteer
L	Sample Letter of Initial Contact With Facility
M	Sample Letter of Introduction of Volunteer to Facility
N	Sample Letter to Facility re Infectious Diseases
O	Therapy Dog Certificate
P	Sample Community Service Certificate for Dogs

The following additional information, references and forms can be found in *StJCI: Part 2 – Volunteers*:

2-5-2 Therapy Dog Program – National Operational Standards
Annex A – Roles and Responsibilities
Annex B – Establishing a St. John Therapy Dog Program Locally
Annex C – Application for Therapy Dog Evaluator

2-6-1 Awards

2-8-1 Personnel Administration
Annex A – Membership Form
Annex E – Brigade Annual Report – Summary Sheet
Annex F – Unit Qualifying Service Summary

2-8-2 Unit Administration
Annex A – Registration of a Unit
Annex B – Disbandment of a Unit

2-9-2 Screening Volunteers

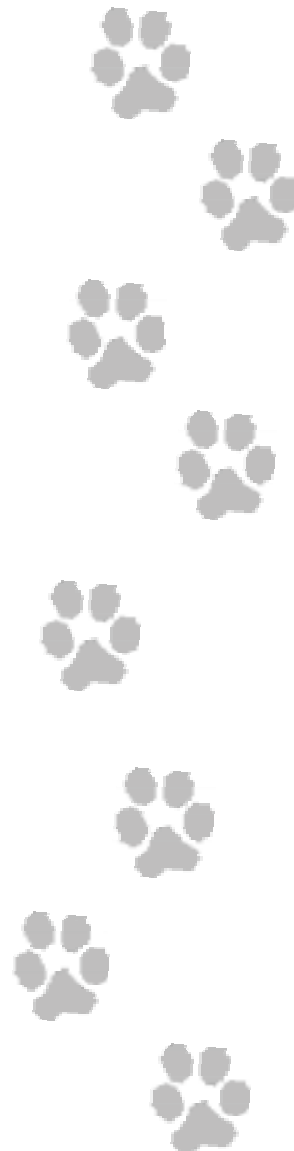
Annex A	Appendix 1	Sample Welcome Letter
	Appendix 2	Volunteer Application Form
	Appendix 3	Authorization for Police Records Check
	Appendix 4	Volunteer Reference Form
	Appendix 5	Sample Letter for Reference Form
	Appendix 6	Interviewer's Checklist
	Appendix 7	Sample Volunteer Interview
	Appendix 8	Letter of Acceptance
	Appendix 9	Letter of Decline
	Appendix 10	Letter When Police Records Check Comes Back Positive
	Appendix 11	Volunteer Screening Process Evaluation Form
	Appendix 12	Volunteer Performance Appraisal Form
	Appendix 13	Volunteer Exit Interview
	Appendix 14	Total Screening Process

2-9-3 Discipline and Grievance Procedures

2-12-1 Image and Identity

2-12-2 Uniforms

2-12-3 Ceremonial





ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Visiting Rules

Every new member must be accompanied by a Therapy Dog Coordinator, or assigned volunteer, without the dog, for one visit to ensure they are comfortable with the environment they are visiting. The dog is then introduced on the next two (or more, at the discretion of the Provincial/Territorial Commissioner) accompanied visits. If no difficulties arise, a regular visitation schedule is established.

St. John Ambulance practices risk management, to lower all risks for our clients, our members and our organization. All handlers are expected to adhere to the Visiting Rules listed below. Contravention may result in dismissal from the program.

1. All handler/dog teams must be successful on the St. John Ambulance Therapy Dog Evaluation, which will be carried out by a certified St. John Ambulance Therapy Dog Evaluator. Teams with dogs that are unsuccessful will not be allowed to visit.
2. All handlers must be members in good standing with St. John Ambulance. All dogs must be at least one year old.
3. Handlers and their dogs must be clearly identified as members of St. John Ambulance on all visits: all handlers must wear the Therapy Dog Uniform and all dogs must wear a St. John Ambulance Therapy Dog Identification kerchief. The Therapy Dog tag is optional. These items are available from your Council.
4. All dogs must have a current rabies certificate and up-to-date vaccinations for rabies, distemper, hepatitis, para-influenza and parvo-virus. Verification will be required and kept on file by the Unit Therapy Dog Coordinator.
5. Visiting dogs must be clean and well-groomed.
6. Visiting dogs must always be on their leash, and must be under the control of the handler at all times. No one else should hold the dog's leash.
7. No more than two dogs should be in the same visiting area at any one time. A handler must have only one dog on any visit, and must have been evaluated with the dog as a handler/dog team.
8. Evaluation or visitations must not be carried out when the dog is in heat (in season).
9. Evaluation or visitations must not be carried out while dogs are wearing a halter, prong or prong type collar, or choke chain collar. A flat leather or nylon collar or a harness is preferable. The leash should be flat leather or nylon, four to six feet in length.
10. Knock on the door and ask if you may enter before you visit a resident.
11. Handlers are expected to keep a record of all visits and the number of hours volunteered and report them regularly to their Unit Coordinator.
12. Handlers must notify their Unit Coordinator if unable to fulfil their obligations. It is essential that your Coordinator knows where you are visiting. Please keep them informed of any changes.

ST. JOHN AMBULANCE THERAPY DOG PROGRAM



Volunteer Hour Log

INFORMATION

Volunteer's Name _____

Telephone _____

Dog's Name _____

Unit Therapy Dog Coordinator _____

Telephone _____

VOLUNTEER HOUR LOG

DATE	PLACE OF VISIT	HOURS	
		HANDLER	DOG



ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Coordinator Background Information

PERSONAL INFORMATION

	Unit Number
Last Name	First Name
Home Address	Telephone: Home
City/Town	Work
Province	Fax
Postal Code	e-mail
I will undertake to coordinate activities in accordance with St. John Ambulance policies and procedures.	
Coordinator's signature _____ Date _____	

PERSONAL HISTORY

Include all information in regard to administrative experience and personal experience with dogs (e.g. Years involved with dogs). It is not mandatory that the coordinator have this type of experience, but it is considered an asset.



Evaluation Form for Facility

For each item listed in the chart below, please read the statement and complete the chart.

- a) With 1 being strongly agree and 5 being strongly disagree, please check one number or n/a following each statement,
- b) then write in the box in front of each item, the letter which indicates the primary source on which you based your 1 to 5 score, using:
 P for Personal Observation
 F for Reported to you by Family member(s) of the resident(s)
 S for Reported to you by Staff member(s)
 R for Reported to you by Resident(s)

	Source	Statement	1	2	3	4	5	n/a
1		The Therapy Dog Program offers a positive benefit to the participant(s)						
2		Pets add to family visits, giving family members something to talk about						
3		I feel that Therapy Dog handlers are adequately prepared when they come to this facility						
4		I think the Therapy Dog Program encourages participants to reminisce in a positive way						
5		The visits provide sensory stimulation to residents						
6		The visits provide social stimulation to residents						
7		Patients increase their range of motion due to the stimulation of Therapy Dog visits						
8		Staff are comfortable with the screening process for handlers and their dogs						
9		Family members are comfortable with the screening process for handlers and dogs						
10		Visits are regular enough to encourage bonding between the resident and the dog						

I would recommend this program to other people Yes No Date: _____

Comments: _____

Name of facility: _____ Completed by: _____



ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Evaluation of Handler/Dog Teams Visiting Facilities

Therapy Dogs visit anyone who will benefit from petting and loving a dog. We greatly appreciate your taking a moment to provide us with your feedback, which will enable us to achieve our aim of providing exceptional service to your facility.

Our facility is visited by:

(Name of the Volunteer)

(Name of the Dog)

Section A: About the Volunteer

Is the volunteer dressed appropriately?	YES	NO
Is the volunteer polite and courteous?	YES	NO
Does the volunteer respect the patient's privacy?	YES	NO
Is the volunteer regular with visits?	YES	NO
Does the volunteer commit sufficient time per visit?	YES	NO

Section B: About the Dog

Is the dog well groomed?	YES	NO
Is the dog on a leash?	YES	NO
Is the dog in control at all times?	YES	NO
Does the dog appear to enjoy the visits?	YES	NO

Section C: General

Do you feel the program is beneficial to your facility?	YES	NO
Is the program well received by staff members?	YES	NO
Do you wish the volunteer and dog to continue visiting?	YES	NO
Is the frequency of the visits adequate?	YES	NO
Would you recommend the program to others?	YES	NO



Section D: Comments (suggestions and/or improvements are welcome)

Submitted by:

(Individual's Name)

(Address)

(Name of the Facility)

(City and Postal Code)

(Telephone Number)

(Fax Number)

(e-mail)

Return to: Provincial/Territorial Therapy Dog Coordinator
St. John Ambulance
Address:



Thanks for your interest in the St. John Ambulance Therapy Dog Program.



Veterinarian Certification

Use one form per dog

Dog's Name: _____

Breed: _____ Date of Birth: _____

Handler's Name and Address:

Telephone: _____

Your Veterinarian is required to fill in the following information:

Vaccination Record (Please attach copy of current vaccination certificate)

- | | | |
|----------------|--------------------------|-------------|
| Distemper | <input type="checkbox"/> | Date: _____ |
| Para-influenza | <input type="checkbox"/> | Date: _____ |
| Parvovirus | <input type="checkbox"/> | Date: _____ |
| Rabies | <input type="checkbox"/> | Date: _____ |
| Hepatitis | <input type="checkbox"/> | Date: _____ |

I verify that to the best of my knowledge the above-mentioned dog is physically fit and clean and able to participate in a visiting program to hospitals and nursing homes as a member of the St. John Ambulance Therapy Dog Program.

Veterinarian's Signature: _____

Veterinarian's Name (please print): _____

Date: _____ Telephone: _____

Address: _____



ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Application Form for Therapy Dog Evaluator

PERSONAL INFORMATION (to be completed by applicant)

Last Name	First Name
Home Address	Telephone Fax e-mail
Signature of Applicant I will undertake to evaluate all handler/dog teams in accordance with all policies relating to the St. John Ambulance Therapy Dog Program.	
Signature _____ Date _____	

PERSONAL HISTORY

Include all information in regard to personal experience with dogs (e.g. years involved with dogs, training history, obedience instructor, assistance, number of dogs, grooming, etc.).

RECOMMENDATION FOR CERTIFICATION

The above information has been verified and the applicant <input type="checkbox"/> meets all the requirements <input type="checkbox"/> is recommended <input type="checkbox"/> is not recommended		
Evaluator Course Number	Supervising Evaluator	Date
Unit	Area Evaluator	Date
	Provincial Evaluator	Date
Pocket Card issued by Provincial Evaluator		Date

ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Application Form for Visiting Children



Date: _____

To: Provincial/Territorial Evaluator
Therapy Dog Program
St. John Council for _____

Re: **Dogs Visiting Children**

I am pleased to confirm that today I have successfully evaluated
_____, owned by _____,
(Dog's Name) (Member's Name)

who has been in the program visiting at _____
(Institution's Name)

as part of the _____ Therapy Dog Division.
(Division's Name)

Please provide me with a letter of confirmation, and maintain on record, that this dog has passed the necessary evaluation to visit children.

Sincerely,

Evaluator's Name* (please print)

Evaluator's Signature*

*Note: Only Certified Child Visitation Evaluators may use this form.

A handler/dog team will be evaluated only at the request of a Coordinator after the handler/dog team has completed at least ten visits with the program in another type of facility, and where there is a pre-designed facility, with children, to be visited.



Sample General Information

St. John Ambulance Therapy Dog members and their dogs provide companionship to those who are lonely and ill through regular visits to hospitals and nursing homes.

Since the beginning of the program, many questions have been asked by new members. Listed below are the most common queries and replies. Please continue to ask if you are unsure of anything pertaining to the Therapy Dog Program.

WHY DID ST. JOHN AMBULANCE BECOME INVOLVED IN DOGS?

St. John Ambulance has served the communities in Canada for over 100 years, and with the progress of medical treatment, people are living longer. As the percentage of seniors gets larger, many seniors are destined to spend years in Seniors' Residences and Nursing Homes, cut off from their normal day-to-day life contacts. It was a natural extension for St. John Ambulance to look for a way to continue to care for the people they have always cared for while in the community.

HOW DOES MY DOG BECOME A ST. JOHN AMBULANCE THERAPY DOG?

Any individual and their dog can join the Therapy Dog Program, provided:

- the individual meets the requirements for membership in St. John Ambulance (all members are required to take part in a screening process, but that there is no requirement for first aid certification to become a Therapy Dog member)
- the dog is of sound temperament, as assessed through the St. John Ambulance Therapy Dog Evaluation

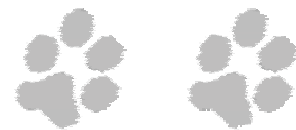
The new member is accompanied by a Therapy Dog Coordinator, or assigned volunteer, without the dog, for one visit to ensure they are comfortable with the environment they will be visiting. The dog is then introduced on the next two accompanied visits. If all goes well, a regular visitation schedule is established.

WHAT IS A THERAPY DOG?

Pet visitations have been done for many years and it has been acknowledged by the medical profession that the patting and stroking of a dog has a calming effect and can result in lower blood pressure and can ease tension. We are endeavouring to take this a step further and ask our volunteers to commit themselves on a regular basis to visit on the same day every week, at the same time, with the same dog and to the same people. This way, the anticipation and the regular contact give the people being visited, continuity of the Therapy Dog program, thus increasing the beneficial effects.

WHAT KIND OF PLACES DO THE THERAPY DOG TEAMS VISIT?

The handler/dog teams visit anyone, anywhere that will benefit physically or mentally from the regular contact of a dog. This includes local hospitals, palliative care units, day care centres, seniors' residence, rest homes, schools for children with special needs, regular schools for pet awareness classes, psychiatric hospitals, etc.



HOW DOES A VOLUNTEER BENEFIT FROM BEING A MEMBER OF THE ST. JOHN AMBULANCE THERAPY DOG PROGRAM?

St. John Ambulance recognizes the commitment and time given by its volunteers through certificates and awards, as different levels of volunteered time are achieved. When submitting resumes for work or reference, a good St. John record is always an asset.

St. John cares for its volunteers and everyone has the back-up of a wonderful network of Officers on whom they can call at anytime. If you are already visiting as an individual or small club, we invite you to come under our umbrella and have your volunteer hours fully recognized. You do not have to know First Aid/CPR, but these courses are available to you should you wish to take advantage of them.

ARE MY DOG AND I REQUIRED TO WEAR UNIFORMS?

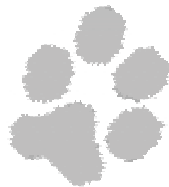
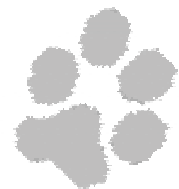
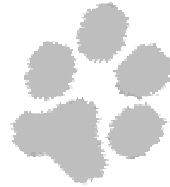
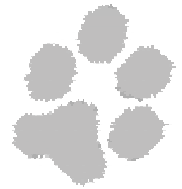
Therapy Dog members wear approved shirts with the St. John Ambulance logo, with black or grey pants/skirt. This makes them easily identifiable by both the residents and staff and also gives the residents confidence to know that the visiting volunteer belongs to a credible organization.

The dogs wear a St. John Ambulance Therapy Dog ID kerchief – white with red trim.

WHAT COMMITMENT AM I EXPECTED TO GIVE?

If possible, at least one regular visit each week, allowing time to thoroughly clean and groom your dog before each visit. If once a week is not possible, arrange with the local Therapy Dog Coordinator when you can visit. These visiting times must be on a regular basis and in agreement with the facility you are visiting.

You are also asked to obtain certification from your veterinarian that your dog has had all the required shots and is in good health. There may also be a nominal fee to cover the St. John Therapy Dog Evaluation.





Sample Letter for Potential Volunteer

Thank you for your interest in the St. John Ambulance Therapy Dog Program. Enclosed you will find information which will give you an outline of what is involved should you and your dog wish to join our Program.

If you wish to proceed please call the Coordinator indicated below. and ask to be included in the next Pre-Evaluation Seminar. This is usually carried out once every 4 to 6 weeks in each specific area. You will be telephoned and provided the date and location of the next Seminar.

Please come to the Seminar prepared with the following:

- A. Complete the two enclosed forms and bring them with you. Note that you will need photocopies of two pieces of identification (e.g. driver's license, birth certificate, passport, SIN card, health card, etc.).
- B. Three references (at least 2 must not be friends or relatives). You will need to identify them on the short form.
- C. A copy of your dog's inoculation and vaccination certificate from a Veterinarian (the dog cannot visit without this).
- D. Dogs are evaluated **only** with buckle collar and leash. Dogs must also wear a buckle collar and leash during visits.
- E. (Optional) A fee of \$10.00 covers the administrative cost, the shirt and kerchief (St. John covers the rest of the costs). Should you and your dog be unsuccessful during your evaluation, you will be informed of the reason at the time, and offered a chance to be re-evaluated at a later date should you wish.
- F. The name(s) of places which you may wish to visit, complete with phone number(s) and address(es) if possible. This is also on the short form.

The Coordinator will work with you to set up the visits. We look forward to you joining the program – your hours and your dog's hours will make a tremendous difference to the many recipients of the Program.

Unit Therapy Dog Coordinator

ST. JOHN AMBULANCE THERAPY DOG PROGRAM

Sample Letter of Initial Contact With Facility



Activity Director
Nursing Home or Hospital

Dear

Re: St. John Ambulance Therapy Dog Program

I am sure that you are aware of the great progress that has been made by the introduction of animals into the lives of the sick, elderly and lonely.

St. John Ambulance has served the communities of Canada for over 100 years and has become aware that due to the pressures of modern times, more people are spending the last years of their lives in nursing homes and long-term facilities, often with very few visitors and minimal contact with the communities in which they live. To meet this need, the Therapy Dog Program was started. Together, members and their dogs bring happiness to these people by providing a service of regular visitations – an opportunity to bond resident and dog.

In _____, we have recognized this need, and have decided to bring the same unconditional love into our hospitals and nursing homes in this community and the surrounding area.

All handler/dog teams are evaluated for suitable temperament and are insured by St. John Ambulance. The volunteer handlers participate in a screening process prior to joining the Program. When visiting, they are easily identified by their St. John Ambulance Therapy Dog uniform. This assures the residents of your establishment that the visiting volunteer is from a familiar organization, and not just a stranger walking in.

I look forward to hearing from you with a time that is convenient for you to meet with one of our members and their Therapy Dog.

Yours sincerely,

Unit Coordinator
St. John Ambulance Therapy Dog Program



Sample Letter of Introduction of Volunteer to Facility

Date: _____

Attention: _____

Establishment: _____

This letter of introduction is for _____
(Name of Volunteer Handler)

and _____.
(Name of Dog)

The above-mentioned handler/dog team has successfully completed the St. John Therapy Dog evaluation, and has expressed an interest in volunteering in your establishment. It would be appreciated if you would consider their request.

The St. John Therapy Dog Program is a recognized national program in St. John Ambulance, and comes within the Community Services part of the St. John mandate. Should you require any further information, please contact me.

Thank you for your consideration.

(Name)
Therapy Dog Coordinator
(Unit)
(Contact Information)

ST. JOHN AMBULANCE THERAPY DOG PROGRAM



Sample Letter to Facility re Infectious Diseases

To: _____

From: _____

Date: _____

Re: Infectious Diseases and the Therapy Dog Program

As a major health care trainer and provider, St. John Ambulance feels our responsibility for health promotion also extends to the volunteer membership that serves on our behalf.

For this reason, we are asking facilities that St. John Therapy Dog volunteers visit to please inform your local St. John Therapy Dog Coordinator every time a resident/patient who is a recipient of our services has an infectious disease and/or contagious illness.

The Coordinator can then ensure that effective precautions are taken to prevent the spread of illness to the visiting volunteer and others. I would encourage you to post copies of this memorandum on resident's/patient's records as a quick reference to Therapy Dog contact information.

Thank you for your co-operation.

Your Therapy Dog Coordinator is _____

They can be reached at _____

ST. JOHN AMBULANCE
Therapy Dog Certificate

Presented to

_____ and _____
(Handler) (Dog)

dated

*On successful completion of the St. John Ambulance Therapy Dog Evaluation
and having displayed the temperament, cleanliness and worthy nature
to participate in the Therapy Dog Program*



Dog Handler

Evaluator

ST. JOHN AMBULANCE
Community Service Certificate

Presented to

_____ (Dog's Name)

On completion of

_____ *hours of community service in the
Therapy Dog Program*



_____ *Date*

_____ *Coordinator*