



Thank you for your interest in Duo Dog's Touch therapy program! Please complete the enclosed application and return to Duo Dogs at your convenience. Once we receive the required application and documentation, we will contact you to schedule a time for your temperament evaluation.

The temperament evaluation will gauge how well the handler and dog work together as a team, the level of obedience, the dog's confidence level, reactions to sight and sound distractions, as well as the dog's acceptance of being handled from head to tail. The evaluation is designed to test the dog's reactions in situations that could sometimes be stressful and uncomfortable. It is acceptable for the dog to react, but the dog needs to recover from the stimuli and not completely shut down.

Prior to scheduling a temperament evaluation, applicants must meet the following criteria:

- The handler must be 18 years old.
- The dog must be between 2 and 10 years old at the time of evaluation.
- The dog must have been in the care and possession of the handler for at least one year.
- The dog must have completed an adult basic obedience course at Duo Dogs with you as the handler.
- The dog must never have received any aggression or protection training.
- The dog must be current on vaccinations including rabies, distemper/parvo and bordetella.
- The dog must pass a temperament evaluation prior to enrolling in classes.

General traits appropriate for Touch Therapy dogs: obedient, confident, nice temperament, comfortable in new environments.

General traits appropriate for Touch Therapy handlers: good communication, control of dog, aware of dog's behavior, recognition of stress signals.

Thank you again for your interest and please contact me with any questions.

Sincerely,

Hannah Nutt  
Touch & Obedience Coordinator  
[hnutt@duodogs.org](mailto:hnutt@duodogs.org)  
314-997-2325



## **Touch Therapy Program Description**

Duo Dogs, Inc. is a not-for-profit organization that connects dogs with people to cultivate positive change in individuals, families, and communities. Accredited by Assistance Dogs International (ADI), and in compliance with the Americans with Disabilities Act (ADA), Duo Dogs opens the doors to independence by providing Assistance Dogs to individuals with physical challenges and Facility Dogs to those in need of emotional assurance. Duo is also recognized by the American Kennel Club (AKC) as a therapy dog certification organization, providing comfort to patients, residents and families through our Touch Therapy Dogs.

Duo's Touch therapy program was started in 1989 in response to the medical community need for the use of pet assisted therapy in patient treatments. The Touch program involves volunteers and their personal dogs that are certified to visit hospitals, nursing homes, hospice, treatment centers, residential facilities and schools in the St. Louis metropolitan area. Touch teams also visit local schools and libraries participating in our Paws for Reading Program, designed to help young people by using dogs as an incentive to read.

The benefits of pet assisted therapy have been well documented over the years to include:

- Emotional: decreases anxiety, provides comfort, enhances mood, encourages smiles
- Physical: lowers blood pressure, provides motivation and incentive for physical therapy
- Cognitive: stimulates memory, improves reading skills, promotes vocalized responses
- Social: builds self-esteem, encourages interaction and positive change

Duo screens every dog before it enters the training program, to ensure the dog's temperament, overall health and condition, acceptance of people, and desire to participate in the program. After passing a temperament evaluation conducted by Duo's experienced training staff, the handler and dog attend an extensive training course focused on obedience and behavior, situational awareness, patient and team safety and facility etiquette. Once the handler and dog complete training and a final evaluation, the team will be certified as a therapy team and paired with a Duo Touch facility partner site for which the team's skills are most appropriate.



## Touch Therapy Application

Handler Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Handler DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have any medical or physical limitations which might be a concern during class?

YES  NO

If yes, please describe: \_\_\_\_\_

Dog Name: \_\_\_\_\_ Dog Breed: \_\_\_\_\_

Dog DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Dog Sex:  MALE  FEMALE

Dog Collar Size (in inches): \_\_\_\_\_ Dog Acquired From: \_\_\_\_\_

Is your dog currently being treated or on medication?  YES  NO

If yes, please explain and list medication: \_\_\_\_\_

Does your dog have any allergies or special needs or limitations that we should know about for classes and/or visits?  YES  NO

If yes, please describe: \_\_\_\_\_

Please list any obedience classes or training you have taken with your dog, including the class location and month/year of completion:

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Is your dog completely housebroken?  YES  NO

Is your dog allowed in the house?  YES  NO



Can you take food/toys away from your dog?  YES  NO

Does your dog object to grooming or having nails trimmed?  YES  NO

Has your dog ever been considered, registered, presented or labeled as a: Service, Support or Assistance dog?  YES  NO

Has your dog ever nipped, bitten or attempted to bite anyone?  YES  NO

If yes, please describe the incident: \_\_\_\_\_

Do you have experience working with children, elderly, ill or other special needs OUTSIDE of your own home?  YES  NO

If yes, please describe: \_\_\_\_\_

Has your dog been exposed to children, elderly, ill or other special needs OUTSIDE of your own home?  YES  NO

If yes, please describe: \_\_\_\_\_

Do you have difficulty speaking with someone young, elderly, ill or disabled?  YES  NO

What age group(s) would you prefer to visit?

All Ages  Seniors  Adults  Adolescents  Young Children

Do you have a particular facility that you would like to visit as a Touch therapy team?

YES  NO

If yes, please list: \_\_\_\_\_

Why do you think your dog would be good for this program?

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

How did you hear about Duo Dogs? \_\_\_\_\_

\_\_\_\_\_

**>> Please remember to submit proof of vaccinations and obedience class with this form <<**

**Duo Dogs, Inc., 10955 Linpage Place, St. Louis, MO 63132**

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