

Doctor-Dog Handler Checklist

Your dog ...

- is at least one-year old
- is house-broken
- is updated on Rabies vaccination
- is updated on DHPP *or* DA2PP vaccination (Distemper, Hepatitis *or* Adenovirus-2, Parainfluenza, Parvovirus) unless exempted by your veterinarian
- is updated on Leptospirosis vaccination *if* recommended by your veterinarian
- is updated on parasite/worm-control (Sentinel, *or* Revolution, *or* annual stool check)
- is well socialized & friendly (no aggression towards humans or other dogs)
- has basic obedience training (sit/down/stay, come, walk-on-a-loose-lead, leave-it, etc.)
- will participate in our Doctor-Dog evaluation. A \$15 non-refundable evaluation fee applies.

You ...

- are 14 years of age or older
- commit to at least 12 visits per year for 2 consecutive years
- are a reliable and mature team player

After passing the evaluation, you ...

- will obtain TB (tuberculosis) clearance (TB-skin test *or* chest X-ray result). Caring Canine can refer you to doctors who will do the test *free* of charge if you are covered by OHIP
- will agree to a police check. Caring Canine will reimburse you after you have met the minimal commitment stated above.
- will pay a non-refundable annual membership fee of \$25 (or \$30 for 2 adult members); membership fees after the first year are waived for children or youths under 18, senior citizens, people with a low income, and people with disabilities

Caring Canine Doctor Dogs

Application for Volunteer Membership: Doctor-Dog Handler¹

Volunteer Info (required):

Volunteer: _____ DOB: (mm/dd/year): ____ / ____ / ____

Address: _____ Major Intersection: _____

City: _____ Province: _____ Postal Code: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

Photo & Address IDs^{2,3}(type and document #): _____

In case of emergency, please contact⁴ (required):

1) Name: _____ Relationship: _____

Phone Number(s): _____

2) Name: _____ Relationship: _____

Phone Number(s): _____

References⁵ (required):

1) Name: _____ Relationship: _____

Address & P.C.: _____ Phone #: _____

2) Name: _____ Relationship: _____

Address & P.C.: _____ Phone #: _____

Volunteer's Initials: _____

¹ All Professor-Dog handlers are also Doctor-Dog handlers as all Professor Dogs are also Doctor Dogs.

² Photo ID and address ID may be the same document (e.g., a driver's license.) Acceptable photo IDs include a Canadian driver's license, passport, citizenship card, landed immigrant card, and senior citizens card. Acceptable address IDs include a Canadian driver's license and utility bills. To protect your privacy, we do **not** accept provincial health cards, credit cards, credit card statements, or bank account statements as proof of identification.

³ All ID must be current. (IDs must **not** have expired. Utility bills should be dated within the last two months.)

⁴ At least one emergency contact should be someone who will **not** be volunteering with you.

⁵ References must be at least 21 years old and have known the volunteer for at least two years. We do **not** accept references from relatives of the applicant. A standard reference form may be mailed directly to each reference. The references listed should agree to return the completed reference forms to Caring Canine.

Application for Volunteer Membership: Doctor-Dog Handler (continued)

Info about Your Dog (required):

Dog: _____ Breed & Color: _____

DOB (mm/dd/year): ____ / ____ / ____ Sex: _____ Neutered/Spayed: _____

Veterinarian: _____ Phone: _____

Office Address: _____

City: _____ Province: _____ Postal Code: _____

Brief History Profile of Your Dog (required):

How long have you lived with the dog indicated above? (Please list breaks longer than three months within the last two years.)

Does the dog indicated above live with other animals? (Please list all other animals.) _____

Has the dog indicated above ever bitten or attacked any human being? _____ Yes/No

Has the dog indicated above ever bitten or attacked any animals? _____ Yes/No

Has the dog indicated above ever *been* attacked by any human being? _____ Yes/No

Has the dog indicated above ever *been* bitten or attacked by any animals? _____ Yes/No

Have you been advised by any dog trainer, CGC or CGN evaluator, Doctor-Dog, dog-therapy, pet-therapy, Pet-Partner evaluator, veterinarian, or police officer etc that your dog exhibits aggression and therefore should avoid contact with strangers or children, or that it should wear a muzzle in public? _____ Yes/No

If your answer to any question is yes, or if you have any other information on signs of aggression from your dog, please provide details in the space below or on additional pages signed by you. Thank you.

Volunteer's Initials: _____

Volunteer's Name: _____

Application for Volunteer Membership: Doctor-Dog Handler (continued)

Additional Information⁶:

1) Would you be visiting with other volunteers? Please list their names and relationships below.

2) Are you **not** comfortable with any type of clients? Please circle **all** those that apply. (**Note:** Experience is **not** required as long as you have the desire to visit the clients and are willing to go through the required training that is provided.)

- elders with advanced Alzheimer's Disease;
- adults with multiple (physical and learning) disabilities;
- isolated elders or people with disabilities living at home (must visit with at least one other volunteer);
- **non-violent** addiction patients in a rehabilitation program;
- **non-violent** patients with mood or mental disorders (depression, bipolar disorder, or schizophrenia, etc.).

3a) Will you be driving to where you volunteer if free parking is available? Yes/No

3b) How far (km) are you willing to travel? _____

4a) When would you like to volunteer? (Please circle all those apply.)

weekday daytime

weekday evening

weekends

4b) How often would you like to visit?

5) What languages or dialects other than English do you speak? Would you like to visit clients who communicate in these languages?

6) Is there any facility you would particularly like to visit because your relative(s) and/or friend(s) live there? Please list **only** the facility's name and the department.

7) How did you first hear about Caring Canine? (Please be specific, e.g., which newspaper, etc. Thanks.)

8) Would you like us to team you with another volunteer? Yes/No/Doesn't matter

9) Would you like to be informed of our social activities by email? Yes/No

10) Are you interested in administrative or driving duties? Yes/No

If yes, areas of interest:

⁶ Information provided on this page will help us match your preferences with the needs of the facilities and improve our program. Your cooperation is appreciated.

Application for Volunteer Membership: Doctor-Dog Handler (continued)

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine

Defining the Team and the Roles of Team Members

1. The term “*your Doctor Dog*”, “*your dog*”, and “*the dog*” throughout these guidelines refer to the dog listed on your approved application form. When visiting on behalf of Caring Canine, you can visit **only** with your Doctor Dog and **not** with any other dog(s).
2. When visiting on behalf of Caring Canine, you can visit **only** with other volunteers who have been pre-approved for the visit by Caring Canine. You should **not** visit with a personal friend or any other person who has not been pre-approved by Caring Canine.
3. The term “*your team*” throughout these guidelines refers to your Doctor Dog and all Doctor-Dog handlers or companions visiting with your Doctor Dog at the designated facility on behalf of Caring Canine.
4. Even if you have passed an evaluation with more than one dog, you should visit with **only one** dog on each visit. If you would like to visit with at most two dogs at the same time, please submit your written request to Caring Canine. Caring Canine will consider each case on an individual basis. Additional evaluation or mentoring may be required.
5. If Caring Canine has approved you **only** for mentored or training visits:
 - a. You can visit on behalf of Caring Canine **only** when accompanied by your designated mentor or leader from Caring Canine. Violation will result in immediate disqualification from Caring Canine membership.
 - b. Caring Canine will **not** provide any insurance coverage or be responsible for any visits you make without your designated mentor or leader from Caring Canine, even if the facility approves your visits.

Caring Canine reserves the right to disqualify your team if your team’s performance during the mentored visits is judged to be inadequate. The situation will be discussed with you. The final decision lies with Caring Canine.
6. When visiting on behalf of Caring Canine, **only** you, the designated handler of your Doctor Dog, should handle your Doctor Dog; other people (including Doctor-Dog companion volunteers accompanying the visit or staff members) should **not** handle your Doctor Dog. An exception is allowed **only** when the handler has lost consciousness or the ability to handle the dog during a visit; in this case, a staff member or the volunteer who is most familiar with the Doctor Dog or with dogs in general, should then handle the dog.

Active Membership

7. To visit on behalf of Caring Canine, you and your Doctor Dog must be “*active*” qualified members of the *Doctor Dogs* or *Professor Dogs* programs at Caring Canine. Furthermore, all your visits on behalf of Caring Canine must be pre-approved by Caring Canine. Caring Canine will **not** provide insurance coverage or be responsible for any visits you make without our approval or notice, even if the facility approves your visits.
8. You agree to be accompanied by a volunteer leader, mentor, peer from Caring Canine or a staff member from the facility during your regular visit(s) upon request from Caring Canine. In general, all volunteers will be subject to at least one such request every two years.

Volunteer’s Initials (required): _____

Volunteer’s Name: _____

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine (continued)

9. Caring Canine reserves the right to suspend the membership of your team or reassign your team to another facility upon receiving complaints from the facility you visit and/or observing unsatisfactory performance of your team at any time. All complaints will be discussed with you but the final decision rests with Caring Canine. Your team must **not** visit on behalf of Caring Canine when you are “*suspended*”.
10. To maintain your status as an active qualified member of the *Doctor Dogs* or *Professor Dogs* programs at Caring Canine, you must complete a minimum of 12 one-hour visits annually. Caring Canine understands that circumstances do arise and can grant an exception on an individual basis upon request and discussion. However, in such cases, your annual membership fee after the first year may **not** be waived even if you belong to a special group (e.g., under-18, 65-and-over, disabilities, or low-income) for which the membership is usually waived.
11. It is your responsibility to renew your membership with Caring Canine annually by submitting all the required documents; the list includes annual health update for your Doctor Dog, your sign-in records at the facilities you visit, and your annual membership fee if applicable. If your status with Caring Canine changes before your renewal date, Caring Canine will contact you and provide the reason.
12. If you are “*disqualified*” or “*suspended*” from Caring Canine because of unsatisfactory performance, or if you voluntarily withdraw your membership, your membership fee is **not** refundable.

Applicants under 18

13. All volunteers under 18 years of age must obtain written parental or guardian consent. If this applies to you, please note that Caring Canine will terminate your membership immediately upon request from your parent(s) or guardian(s).
14. Every volunteer under 16 years of age must be accompanied by his or her parent(s) or guardian(s) at all times on all visits on behalf of Caring Canine. Furthermore, the child-to-parent-or-guardian ratio during any visit should **not** exceed one.
15. All Doctor-Dog handlers must be at least 14 years of age.

Police Check and Allowed Activities

16. You agree to submit to a volunteer police check upon request at any time during your membership. Should you refuse, Caring Canine reserves the right to suspend all your duties and/or visits and terminate your membership.
17. You agree to notify Caring Canine immediately if you have been charged with or convicted of any criminal activities. Caring Canine reserves the right to suspend all your duties and/or terminate your membership upon receiving new information concerning the result of your police check.
18. You must **not** engage in any illegal activity at any time.
19. When visiting on behalf of Caring Canine, you agree to participate **only** in activities of the *Doctor Dogs* or *Professor Dogs* programs approved by Caring Canine. You should **not** engage in any other activities. Caring Canine will **not** be responsible for or provide insurance coverage for any activities outside your designated volunteer work.

Volunteer's Initials (required): _____

Volunteer's Name: _____

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine (continued)

Attendance and Sign-in

20. You must read any newsletter, memorandum, or letter addressed to you in the folder when you **sign in**.
21. You must sign in and sign out in the Caring Canine sign-in folder at the start and the end of each visit made on behalf of Caring Canine.
22. You should ensure that the staff at the facility you visit are aware of and approve of all your visits in advance. You agree to commit to your visitation schedule and notify the facility in advance if you need to be excused from a visit.

Uniforms

23. You should wear your Caring Canine ID **when and only when** visiting on behalf of Caring Canine.
24. When you visit on behalf of Caring Canine, you should be clean and tidy. Furthermore, your attire should be modest and acceptable to the facility you visit.
25. You should bring a clean “dog towel” and a hand sanitizer with you on each visit. See *Caring Canine Health Guidelines for Doctor Dogs* for details.
26. You may be asked to put a uniform on your Doctor Dog during visits.

Your Personal Health Requirements

27. To visit on behalf of Caring Canine at a facility, you must complete and follow all the health requirements and guidelines at the facility.
28. You should **not** visit on behalf of Caring Canine when you are sick or have any infection that may be passed on to those you visit through normal contact. (This includes a cold.)
29. Recreational drugs and alcohol are **strictly prohibited 24 hours before and on the day** of your visit on behalf of Caring Canine.

Health Requirements of (or Related to) Your Doctor Dog

30. Both you and your Doctor Dog **must** comply with **all the current** rules listed in the *Caring Canine Health Guidelines for Doctor Dogs* at all times to maintain your active membership with Caring Canine. Caring Canine will notify you of any changes based on updated advice from our consultant(s) (professional and research veterinarians). You and your Doctor Dog should **not** visit on behalf of Caring Canine when your Doctor Dog does not fully comply with the guidelines.
31. You **must** provide Caring Canine with an updated vaccination certificate (signed by your veterinarian) and other health information listed in the **current** *Caring Canine Health Guidelines for Doctor Dogs* at least one week **before** the current certificate and document expire. You and your Doctor Dog should **never** visit on behalf of Caring Canine if your dog is not up-to-date on all the required vaccinations.
32. You and your Doctor Dog should **not** visit whenever your Doctor Dog is sick, has diarrhea, or any type of infection. You should examine your Doctor Dog for these conditions before each visit.

Volunteer's Initials (required): _____

Volunteer's Name: _____

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine (continued)

33. You should **not** visit when your Doctor Dog is in heat.
34. Within 24 hours before each visit on behalf of Caring Canine, you agree to groom your Doctor Dog; its nails should be short and filed, its ears and teeth should be clean, its hair should be free of fleas, ticks, lice, tangles, and dandruff.
35. After your Doctor Dog has been put on flea (preventive) medication, you should **not** visit within the next 24 hours, or longer, as per instructions on the flea medication and/or advice from your veterinarian. The same applies to other medication your Doctor dog is on.
36. Please do **not** visit if any dog or other animal your Doctor Dog lives with (if any) is sick, has recently been sick, or has recently passed away. Please check with your veterinarian to ensure that your Doctor Dog is **not** at risk of being sick before visiting again.

Monitoring Your Doctor Dog

37. When you visit on behalf of Caring Canine, you must **not** leave your Doctor Dog unattended (e.g., locked in the car alone) on your way to or from your volunteer location.
38. You should always monitor the temperament of your Doctor Dog. If you observe that your Doctor Dog displays any sign of aggression **at any time (not only during your visits on behalf of Caring Canine)**, you must stop all your visits and notify Caring Canine immediately for re-assessment.
39. During your visit on behalf of Caring Canine, you must keep your Doctor Dog on a leather, nylon or cloth leash (a **fixed** length of no more than six feet) at all times. Choke chains, metallic leashes or collars, slip collars, or electric devices designed for barking control are **not** allowed.
40. During your visit on behalf of Caring Canine, you must monitor your Doctor Dog closely. You should terminate a visit immediately if your Doctor Dog begins to show stress or any aggression (e.g., repeated barking, excessive panting, bowel accidents, a teeth-bearing growl, or an attempt to attack anyone or any other dogs, etc.). You must then suspend all your visits and notify Caring Canine immediately to re-assess your Doctor Dog. In the case of a bowel accident, you should clean up after your dog and sanitize the affected surface area.
41. If your dog has been attacked by any animal or human being **at any time (not only during your visits on behalf of Caring Canine)**, you must suspend all your visits and notify Caring Canine immediately for re-assessment.
42. You should participate **only** in activities that have been shown to you in the pet-therapy training video and during your monitored visits. You should **never** allow your Doctor Dog (or yourself) to run, approach anyone or walk at high speed, chase after any object, jump up at anyone, push or pull anyone, grab anything from anyone or any place, eat anything off the floor or other surfaces, or play or fight with any toy or dog during your visit. Furthermore, you should **not** allow your Doctor Dog to get over-excited at any point during your visit. If **at any time (not only during your visits on behalf of Caring Canine)**, you cannot control your dog properly and stop it from inappropriate activities on command, you should terminate the visit, stop all your visits, and notify Caring Canine immediately for re-assessment.

Volunteer's Initials (required): _____

Volunteer's Name: _____

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine (continued)

Safety for Everyone

43. When visiting on behalf of Caring Canine, you agree to exercise common sense, and **not** harm or abuse (physically, verbally, or sexually) anyone. Follow the training and guidelines you receive at the facility and always ask for the staff's assistance when needed.
44. **Every** time a resident expresses the desire to harm himself, you must notify the staff immediately. Furthermore, you should write down—with a witness—the full name of the staff member you have notified, the date and time, as well as a brief description of the incident.
45. When visiting on behalf of Caring Canine, you (and your Doctor Dog) should **not** bring any food, drinks, or drugs to anyone you visit. Do **not** purchase any of these items on behalf of those you visit either. Ask for the staff's assistance when needed.
46. When visiting on behalf of Caring Canine, you (and your Doctor Dog) **must not** move, lift or feed anyone you visit; **only** trained professionals at the facilities you visit are allowed to perform such tasks. Please know all emergency intercom and/or bell systems at **every** place you visit **in advance** and call for the staff's assistance when needed.
47. When visiting on behalf of Caring Canine, you should notify the staff and terminate your visit at the facility immediately if you encounter **any** dog that is off-leash, out-of-control, or displaying any aggression. Furthermore, you should report the situation to your mentor or supervisor at Caring Canine and suspend your visits at the facility until further notice from Caring Canine.
48. You must **not** take any resident out of the facility you visit on behalf of Caring Canine. Furthermore, you must **not** take any resident out of a locked unit within the facility.

Emergency and Evacuation Procedure

49. You **must** fully understand and follow the fire and evacuation procedure for Doctor-Dog volunteers at the facility. You must also know all the fire and emergency routes and exits **beforehand**; do **not** wait until there is an emergency or fire. If you have any concern about this issue, please raise it with Caring Canine immediately.

Confidentiality and Privacy

50. All information about anyone you visit is confidential and should **not** be discussed in front of other residents or in public. If you have any concern, please bring it to the attention of the staff taking care of the resident at the facility or your mentor or supervisor at Caring Canine.
51. You must obtain written consent from all parties involved before taking any photos at the facility and/or publishing the photos. Parties involved include people in the photos, their guardians, the facility, and Caring Canine.
52. Any information you obtain about any Caring Canine volunteer from your volunteer work at Caring Canine is confidential, and should **not**
 - a) be disclosed to any third party outside Caring Canine;
 - b) be used for any purpose other than the designated volunteer activities for which you have obtained the information unless you have obtained explicit permission from the volunteer involved.

Volunteer's Initials (required): _____

Volunteer's Name: _____

Mandatory Guidelines for Doctor-Dog Handlers at Caring Canine (continued)

Reporting Accidents or Incidents

53. If

- 1) any member of your visiting Doctor-Dog team or anyone you visit suffers any injury (**whether** the injury is caused by a member of your visiting Doctor-Dog team **or not**) while you are visiting on behalf of Caring Canine, **or**
- 2) if anyone (**even if** the person is **not** someone you intend to visit) suffers any injury directly or indirectly because of any member of your visiting Doctor-Dog team while you are visiting on behalf of Caring Canine,

you **must**

- a. report the incident to the staff at the facility and ask for help immediately;
- b. call for emergency help (911) immediately if appropriate;
- c. report the incident to your mentor or supervisor at Caring Canine as soon as possible;
- d. submit a detailed written report on the incident to Caring Canine within 24 hours;
- e. suspend all your visits on behalf of Caring Canine (at all facilities) until further notice from Caring Canine.

This is done **to protect you as well as the person(s) who has suffered the injury**. Caring Canine will keep all reports on file for at least two years. You should also keep a copy of all your reports for an even longer period.

Gifts and Donations

54. You should **not** solicit any money, donation, or gift on behalf of Caring Canine or yourself from those you visit on Caring Canine's behalf. **Voluntary** gifts to you from those you visit on Caring Canine's behalf should **not** exceed \$10 annually. All **voluntary** donations to Caring Canine must go through the proper procedures outlined in the guidelines for the specific facility you visit.

Conflicts of Interest

55. The trainer who trains your dog should **not** be the evaluator who evaluates your dog for its suitability to volunteer on behalf of Caring Canine. This is to avoid potential conflicts of interest. Furthermore, familiarity with the evaluator gives your dog an unfair "advantage" during the evaluation. It is **your** responsibility to disclose such potential conflicts of interest, if any, to Caring Canine in advance.

Support

56. You may request reassignment or discuss any concern you have with your leader or mentor or supervisor at Caring Canine. You may also bring your concern directly to the coordinator in your area.

Other Guidelines and Conditions

57. When visiting on behalf of Caring Canine, you (and your Doctor Dog) agree to follow any additional guidelines at the facility you visit and go through the training required at the facility.

58. Caring Canine reserves the right to update and/or supplement these guidelines to improve the *Doctor Dogs Program* or *Professor Dogs Program* based on feedback and changes in circumstances. Should this happen, Caring Canine will notify you of the changes. You (and your Doctor Dog) must follow the current guidelines when you visit on behalf of Caring Canine.

Volunteer's Initials (required): _____

Volunteer's Name: _____

Applicant's Consent

I have read and understood the guidelines in this document. I hereby declare that all information I have provided in this document is accurate and correct to my knowledge. Furthermore, I agree to comply with all rules listed in these guidelines. I understand that 1) all my visits on behalf of Caring Canine will be covered by up to two-million dollar **third-party** liability insurance from Caring Canine and 2) my membership at Caring Canine will remain active **if and only if** a) all information I have provided in this application or in any document to Caring Canine or the facility at which I volunteer is correct and true and b) I comply with all rules listed in these guidelines. Furthermore, I understand that Caring Canine is **not** responsible in any way for any of my activities outside my designated volunteer work or any activities that have not been pre-approved by Caring Canine.

By signing this application, I understand that third-party liability insurance does **not** provide protection for any injury or accident a Caring Canine volunteer suffers from other Caring Canine members or their dogs. In addition, I understand that my Doctor Dog and I are **not** covered by any **first-person** liability or disability insurance when visiting on behalf of Caring Canine. I agree that I am responsible for my own safety and health, as well as the safety and health of my Doctor Dog, when visiting on behalf of Caring Canine. I should purchase first-person liability or disability insurance on my own should I require such protection for my Doctor Dog and me. I should terminate a visit immediately, suspend future visits, and notify Caring Canine immediately if I feel that the safety and health of my Doctor Dog and me may be jeopardized. In addition, my Doctor Dog and I should **not** consume any food, drinks, or drugs provided to us from those we visit on behalf of Caring Canine.

Volunteer's Signature: _____

Date: _____

Volunteer's Name: _____