



PETS ON WHEELS of Scottsdale, Inc.

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Sharing Our Pets' Love

VOLUNTEER-PET TEAM EVALUATION

Owner's Name: _____ Phone: _____ Date: _____

Email Address: _____ Care Center: _____

Pet Name: _____ Breed: _____ Sex: _____ Age: _____

1) Entering evaluation room and meeting evaluator. (polite, friendly, no jumping) score: _____

2) Reaction to distractions during guidelines/discussion. (handler corrects and/or praises dog) score: _____

3) Attention to handler. (heeling, tugging, loose leash, person rushing by, turns right/left, calm sit) score: _____

4) Reaction to loud or sudden noise. (chair falling, clapping, laughter, food cart, other) score: _____

5) Interest in residents/patients/staff. (handler in control, approaching a bed/seated person) score: _____

6) Reaction to careful ear and tail pull, paw, mouth, nose touch. score: _____

7) General cleanliness. (face, eyes, teeth, coat, feet and nails) score: _____

Basic commands: Sit- yes or no Down – yes or no Stay – yes or no Leave it – yes or no

Special talent or tricks: _____

Handler's attention to instructions from orientation:

Approved leash (Reminder: no retractable leash) Yes No

Approved collar or harness, Yes No

Handler was clean, dressed appropriately, informed of correct footwear Yes No

Recommendations/Training/Items to work on: _____

PASSED FAILED

EVALUATOR: _____