

# PAW-PALS



## ***TDTC TRAINING INSTRUCTOR RECOMMENDATION***

<b>PAW-PALS APPLICANT</b> _____
<b>DOG'S CALL NAME</b> _____
<b>BREED</b> _____
<b>LAST TDTC CLASS COMPLETED</b> _____
<b>BEG. INSTRUCTOR</b> _____
<b>NOVICE I INSTRUCTOR</b> _____
<b>OTHER INSTRUCTORS</b> _____

Dear TDTC Instructor:

The above dog and owner are applying for membership with Paw-Pals. Paw-Pals is our therapy dog group. One of the acceptance requirements for Paw-Pals applicants is written recommendation from two obedience instructors. Your time in completing this form to the best of your recollection will help in registering this applicant. Since you had the dog in class during an 11-week training period, you have observed characteristics which we may not be able to determine in the short amount of time we have to interview on registration. Please mention any positive points as well as any problem areas the owner needs to work on with the dog. With your help we can do our best to make Paw-Pals a success for both TDTC and the community. Your cooperation is greatly appreciated. Please contact one of the Paw-Pals Coordinators if you have any questions.

Return to: TDTC Paw Pals Coordinator  
6307 S 107<sup>th</sup> E AVE  
Tulsa OK 74133

1. Temperament of the dog. (Circle one or more) adaptable friendly soft aggressive hyper nervous other

If you chose "other", please explain: \_\_\_\_\_

\_\_\_\_\_

2. Does the dog get along well with other dogs? YES NO

3. Does the dog get along well with people? YES NO

4. Does the dog show signs of overly submissive behavior? YES NO

If you circled "yes," please explain: \_\_\_\_\_

\_\_\_\_\_

5. Did the dog enjoy being touched & petted during stand for exam? YES NO

6. Can the handler keep the dog under control? YES NO

7. In your opinion, is this dog emotionally mature enough to go into health care facilities? YES NO

If you circled "NO," do you think additional obedience classes would be helpful? YES NO

8. Did the owner come prepared and on time for class, and did he/she attend regularly? YES NO

9. Do you recommend that this dog and handler be considered for membership in Paw-Pals? YES NO

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructor Signature: \_\_\_\_\_

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