



Pet Pals Temperament Evaluation

Owner Information

Please Print:

Name: _____ Date: _____

Address Street: _____

City: _____ State _____ Zip _____

Telephone Numbers: Home _____

Business: _____

Cell: _____

E-mail: _____

Dog Information

Dog's Name: _____ Breed: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

Color: _____ Spayed/Neutered: Yes _____ No _____

Is your dog fed a raw diet? Yes _____ No _____

Certifications: Please check all that apply

Canine Good Citizen _____

Therapy Dog International _____

Pet Partners _____

Bright and Beautiful Therapy Dog _____

Other _____

Are you currently visiting other facilities? If yes, which ones?

Office Use Only

Treats: Yes _____ No _____

Pass: Peds _____ Adults _____

Letter _____

Fail: _____ Retest? Yes _____ No _____

Therapy Dog Certificate: _____