

VOLUNTEER'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PET(S) NAME: \_\_\_\_\_

SCREENING WORKSHEET

LEASH BEHAVIOR

NOT RECOMMENDED

RECOMMENDED

Manageable.....	_____	_____
Accepts Leash.....	_____	_____
Jumping.....	_____	_____
Heels.....	_____	_____
Responds to Leash Correction.....	_____	_____
Stays Close.....	_____	_____

GENERAL COMMENTS: \_\_\_\_\_

SOCIAL BEHAVIOR

AGRESSIVE

SCARED, FEARFUL

WATCHING, ALOOF

ALERT, POSITIVE

Noises.....	_____	_____	_____	_____
Voice.....	_____	_____	_____	_____
Male.....	_____	_____	_____	_____
Female.....	_____	_____	_____	_____
Cough.....	_____	_____	_____	_____
Scream.....	_____	_____	_____	_____
Loud Voice.....	_____	_____	_____	_____
Body Language.....	_____	_____	_____	_____
Rapid Hand Movement.....	_____	_____	_____	_____
Trembling Hand.....	_____	_____	_____	_____
Gentle Hand.....	_____	_____	_____	_____
Shuffling Feet.....	_____	_____	_____	_____
Crowds.....	_____	_____	_____	_____

GENERAL COMMENTS: \_\_\_\_\_

EQUIPMENT RESPONSE

Wheelchair.....	_____	_____	_____	_____
Cane.....	_____	_____	_____	_____
Walker.....	_____	_____	_____	_____
Bedside.....	_____	_____	_____	_____

GENERAL COMMENTS: \_\_\_\_\_

PROJECT  
**DUP**