

Dear Prospective Volunteer,

Thank you for your interest in the Pet Pals pet therapy program. This program screens teams of volunteer dogs and their owners for visiting patients at the American Family Children's Hospital (AFCH). Our goal is to provide these very special children with safe and enjoyable visits from loving canine friends.



Participating volunteer teams successfully complete a **four-step process** and **commit to at least two years of service** in the program, visiting the Children's Hospital 1-3 times each month (Tuesday evenings or Saturday afternoons). We realize that completing the steps is time-consuming and that only about one in eight evaluated dogs will be invited to become Pet Pals volunteers. But the extensive Pet Pals evaluation process is critically important to ensure safe and enjoyable hospital visits for both the pediatric patients and our volunteer dogs.

### **Step One – Complete the Pet Pals application**

Fill out and sign the **General Information & Behavior Questionnaire**  
Have your dog's regular veterinarian complete the **Veterinary Health form**  
Carefully read the **UW Hospital/AFCH/Pet Pals Safety & Infection Control requirements form** then **sign the form** to indicate you understand and will adhere to the requirements.

All three documents are included below. Send your completed application forms to:

Pet Pals  
c/o Linda Sullivan, DVM, MA  
UW School of Veterinary Medicine  
2015 Linden Drive  
Madison, WI 53706

Applications are reviewed by Pet Pals/UW-School of Veterinary Medicine veterinarians.

### **Step Two – Pet Pals Behavior Evaluation**

The annual Pet Pals Behavior Evaluation consists of a rigorous "hands-on" behavior assessment by program veterinarians and experienced Pet Pals volunteers. The evaluation is generally scheduled on a Sunday morning in August at the UW-School of Veterinary Medicine.

### **Step Three – Become a UW Hospital/AFCH Volunteer**

Once your dog passes the behavior evaluation, contact UW Hospital/AFCH Volunteer Services and become an official volunteer. The following website will provide all of the information you need to get started.

<https://www.uwhealth.org/madison-health-care-jobs/volunteers/volunteers/29490>

Be sure to indicate that you and your dog will be a Pet Pals team at the American Family Children's Hospital. If you have any questions, please contact Volunteer Services at (608) 263-6046. After all AFCH volunteer requirements are complete, contact Diane Peltin at [dop@tds.net](mailto:dop@tds.net) to schedule your initial Pet Pals shadow visit.

#### **Step Four – Pet Pals Medical Evaluation**

The final stage includes a complete physical examination and laboratory screening for your dog at the UW-School of Veterinary Medicine (SVM), typically on a Sunday morning in December. The medical evaluation is conducted by SVM faculty and students at no cost to you. Upon completion of this final step, you and your dog will be welcomed into the Pet Pals family and scheduled to begin visits at the Children's Hospital.

Thank you again for your interest in our program - we look forward to hearing from you!!

Sincerely,

A handwritten signature in black ink that reads "Linda Sullivan". The signature is written in a cursive, flowing style.

Dr. Linda Sullivan  
UW School of Veterinary Medicine  
Pet Pals Coordinator



## PET PALS GENERAL INFORMATION

Your name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Primary phone contact #: \_\_\_\_\_ +/- Other phone # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Diet: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

circle: Spayed/Neutered (REQUIRED) Birthdate: \_\_\_\_\_

## PET PALS BEHAVIOR QUESTIONNAIRE

**Please take the time to think about the following questions and answer them as honestly as you can. There are no right or wrong answers!**

Please comment on how your dog relates to:

Men: \_\_\_\_\_

Women: \_\_\_\_\_

Children: \_\_\_\_\_

Other dogs: \_\_\_\_\_

Please place an "x" next to behaviors or traits your dog exhibits or has exhibited:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Likes to be petted         | <input type="checkbox"/> Likes to be groomed | <input type="checkbox"/> Likes to follow you around           |
| <input type="checkbox"/> Likes to play with you     | <input type="checkbox"/> Responds to praise  | <input type="checkbox"/> Avoids direct eye contact            |
| <input type="checkbox"/> Shakes/"kills" toys        | <input type="checkbox"/> Jumps on people     | <input type="checkbox"/> Growls if surprised or startled      |
| <input type="checkbox"/> "Guards" his/her toys      | <input type="checkbox"/> Bites people        | <input type="checkbox"/> Urinates if yelled at or scared      |
| <input type="checkbox"/> "Guards" his/her territory | <input type="checkbox"/> Chases cats         | <input type="checkbox"/> Growls if you disturb his/her eating |
| <input type="checkbox"/> "Guards" you or children   | <input type="checkbox"/> Chases cars         | <input type="checkbox"/> Hides behind you if scared           |
| <input type="checkbox"/> Will sit on command        | <input type="checkbox"/> Chases bikes        | <input type="checkbox"/> Mounts other dogs/pillows            |
| <input type="checkbox"/> Chews on furniture         | <input type="checkbox"/> Attacks if cornered | <input type="checkbox"/> Defecates in the house               |
| <input type="checkbox"/> Fights with other dogs     | <input type="checkbox"/> Barks excessively   | <input type="checkbox"/> Is frightened by thunder             |
| <input type="checkbox"/> Dislikes slippery floors   | <input type="checkbox"/> Dislikes handling   | <input type="checkbox"/> Is frightened by brooms/vacuum       |

Is your dog 100% housebroken? \_\_\_\_\_

How does he/she indicate a need to go out? \_\_\_\_\_

**I hereby certify that the information I have provided is truthful and accurate.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**PET PALS VETERINARY HEALTH INFORMATION**

Owner name: \_\_\_\_\_

Volunteer dog name: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

<u>Current vaccinations</u>	Date administered	Due date
DA <sub>2</sub> (H)PP	_____	_____
Rabies (tag _____)	_____	_____
<i>Leptospira</i>	_____	_____
Kennel cough	_____	_____

<u>Parasite control</u>	Test date	Results
Heartworm antigen	_____	_____
Fecal flotation (if done)	_____	_____

Major medical problems, if any:

Current medications, if any:

Allergies to medications, if any:

**Veterinarian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **SAFETY & INFECTION CONTROL REQUIREMENTS UW Hospital/AFCH/Pet Pals**

### **Veterinary certification – regular veterinarian:**

- Rabies virus – every three years
- Distemper virus, adenovirus-2 and parvo virus vaccine – every three years or adequate titers
- Kennel cough (*Bordetella bronchiseptica*, parainfluenza virus) vaccine - yearly
- *Leptospira* (serovars *canicola*, *icterohemorrhagica*, *grippotyphosa*, *pomona*) vaccine – yearly, preferably in spring

### **Biannual Pet Pals Medical Evaluation - UW-School of Veterinary Medicine:**

- History
- Physical examination
- Diagnostics
  - Hematology screen (PCV, plasma protein)
  - Fecal flotation for gastrointestinal parasites (annual)

### **Additional canine requirements:**

- Dogs must be at least one year of age
- Dogs should be spayed or neutered
- Heartworm testing and preventive including gastrointestinal parasiticide
- Flea and tick preventive
- No raw diets
- Bath within 24 hours prior to visits
- Do not visit if dog on antibiotics
- Do not visit if dog exhibiting clinical signs of skin disease/compromise, diarrhea or cough

### **Requirements for human volunteers:**

- Annual influenza vaccination (required by UW Health Volunteer Services)
- Hand hygiene before and after visits
- Do not visit if volunteer exhibiting symptoms of communicable disease
- Completion of all UW Hospital/AFCH Volunteer Services requirements

**I hereby certify that I have reviewed, understand and agree to comply with the safety and infection control requirements listed above.**

**Signature (s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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