



Dear Prospective AAT Volunteer:

Thank you for your interest in the Society for the Prevention of Cruelty to Animals Los Angeles Animal Assisted Therapy (AAT) program. The AAT program has the unique opportunity of providing the unconditional love of companion animals for people who are in nursing homes, hospitals, homeless shelters, hospices and other institutions. We are so glad that you and your animal friend are interested in contributing your time and energy to this wonderful program.

Along with this letter, I am enclosing information about our Animal Assisted Therapy Program and an application. Please read over the materials, complete the application and return to my attention. spcaLA's Director of Animal Training and Behavior Jill-Marie O'Brien will send you a letter informing you of the next available temperament testing dates. The test will take place at our Long Beach facility. We hold the testing every three months.

If you have any additional questions or need more information, please feel free to call me at (323) 730-5300 ext. 255.

Yours sincerely,

*Mark Cirillo*

Mark Cirillo  
Volunteer Coordinator  
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## **ANIMAL-ASSISTED THERAPY (AAT) PROGRAM**

The **spcaLA (Animal-Assisted Therapy)** AAT Program was started in 1986 with the goal of promoting the human-animal bond, and enriching the physical and psychological well-being of people confined to hospitals and other institutions. Under the guidance of the **spcaLA** Volunteer Services Department, volunteers and their companion animals visit facilities on a monthly basis. All companion animals must be in excellent health and have the right temperament for this unique and rewarding work.

spcaLA volunteers visit a variety of facilities throughout Los Angeles including senior homes, children's hospitals, homeless shelters and AIDS hospices. The volunteer/animal team will spend approximately 45 minutes to one hour at each facility, giving patients an opportunity to chat with the volunteers, as well as, pet and hug their animals. These visits are provided at no charge, though donations are greatly appreciated. In addition to regular monthly facility visits, spcaLA has honored specific requests, such as, bringing a Boxer to visit a man dying in an AIDS hospice, fulfilling the birthday wish of a 101-year-old man who wanted to hold a cat, also providing a special visit with dogs and a baseball celebrity at a local hospital for disabled children.

### **Benefits of Animal-Assisted Therapy**

#### **Physical Benefits**

- Exercise and sensory stimulation
- Decreased blood pressure
- Comfort of touch
- Diversion from pain

#### **Emotional Benefits**

- Unconditional love and attention
- Spontaneous expression of emotion
- Reduced loneliness
- Decreased anxiety
- Increased relaxation

#### **Social Benefits**

- Recreation
- Diversion and relief from boredom
- Change in the monotony and isolation of life in institutional settings
- Opportunity to communicate with the animal without regard for speech or hearing deficits

#### **Cognitive Benefits**

- Exercise of long and short-term memory in discussion of the animals and the patient's former pets



## ANIMALS ELIGIBLE FOR ANIMAL-ASSISTED THERAPY PROGRAM

Companion animal candidates for Animal-Assisted Therapy should:

- ◆ Be at least one year old
- ◆ Be in good health (a health certificate is required only if your pet passes the temperament test)
- ◆ Be well groomed and flea-free
- ◆ Have an even disposition and a calm, tolerant temperament
- ◆ Know basic obedience commands: sit, stay, down, heel, come and have good physical self-control (canines only)
- ◆ Not be a jumper or barker (canines)
- ◆ Not scratch, hiss or dislike being held (felines)
- ◆ Possess good social skills with all types of people and other animals
- ◆ Enjoy meeting new people and being handled by strangers

## ANIMAL ASSISTED THERAPY TEST OUTLINE

Please review this information carefully so you can determine your animal's suitability for this program. Your animal must be of stable character and must thoroughly enjoy being with people. Also, you must demonstrate that you have a good working relationship with your pet and that your pet is **obedient and under control**.

### Part One

The first part of the exam is a good manners and obedience evaluation, including but not limited to:

- Sitting politely for petting
- Sitting politely for approaching people
- Well groomed and tolerant of grooming
- Must walk politely on leash (or accepted being carried) and be under control at all times
- You and your pet must be able to navigate through a crowd
- Dog must be comfortable with loud noises and commotion
- Your dog must know a sit and down command
- Your dog must stay for at least 30 seconds while you walk away; cats and small animals must be able to stay calm while placed on a flat surface without human interaction
- Your dog must come when called
- Your pet must be able to accept separation from you or their handler
- Your pet must be tolerant of other animals

### Part Two

This section is a test of the animal's underlying temperament and **ability to handle high stress situations**.

Your pet must:

- Tolerate being examined fully and vigorously (ears grabbed, tail tugged, feet handled, etc.)
- Like exuberant petting by strangers and being petted by multiple people at one time
- Your pet must be able to deal with multiple distractions and people with limited motor skills

If you have questions on any part of the test please contact Jill-Marie O'Brien at 323-730-5300 x.258



<i>Office Use Only</i>
Received:
Contacted:
email mail phone
Orientation:

## ANIMAL-ASSISTED THERAPY PROGRAM VOLUNTEER APPLICATION

*When filling out this application: Please print clearly and remember to include your information in- full. The e-mail address you check daily is necessary because most communications are done through e-mail.*

Please return this form to: Mark Cirillo, Volunteer Coordinator,  
spcaLA 5026 W. Jefferson Blvd. Los Angeles, CA 90016

NAME: \_\_\_\_\_ BIRTHDATE (month/year): \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ May we call you at work?     Yes     No

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WHAT IS THE BEST WAY TO CONTACT YOU?    \_\_\_ email    \_\_\_ phone    \_\_\_ mail  
*Please be aware that EMAIL is our primary source of communication. It is faster, easier, and all the savings on cost go directly back to the care of our animals.*

How did you hear about the Animal-Assisted Therapy (AAT) Program? \_\_\_\_\_

\_\_\_\_\_

Please tell us why you would like to participate in this program? \_\_\_\_\_

\_\_\_\_\_

Do you currently have an animal(s) that you would like to take on AAT visits?     Yes     No

Why do you think your companion animal would be good at Animal-Assisted Therapy? \_\_\_\_\_

\_\_\_\_\_

Please estimate the time you presently have available to devote to this program: Hours per month \_\_\_\_\_

AVAILABILITY: Time of day you can work \_\_\_\_\_

Days of the week:    Mon        Tues        Wed        Thurs        Fri        Sat        Sun

Please understand that most of the facilities we visit are in a hospital or nursing home setting. Some residents may be quite ill. Would you feel comfortable visiting this kind of environment? \_\_\_\_\_

Is there anything else about you and/or your animal we should know about? \_\_\_\_\_

\_\_\_\_\_



**CANINE HISTORY**

(To be filled out by owner)

Dog's Name \_\_\_\_\_ Dog's Breed \_\_\_\_\_

Sex:  Male  Female Age \_\_\_\_\_ Weight (approx.) \_\_\_\_\_

Spayed or neutered?  Yes  No Housebroken?  Yes  No

Does your dog have any health problems or taking any medications?  Yes  No

If yes, what? \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_ At what age? \_\_\_\_\_

If you are not the dog's original owner what, if anything, do you know about your dog's prior history?

\_\_\_\_\_  
\_\_\_\_\_

Is your dog obedience trained?  Yes  No

If yes, did you attend a formal obedience class together?  Yes  No

Do you and your dog participate in organized dog activities (i.e. agility, obedience, etc.)?  Yes  No

Which ones? \_\_\_\_\_

\_\_\_\_\_

**Check all commands obeyed**

- \_\_\_\_ heel on slack leash
- \_\_\_\_ heel off leash
- \_\_\_\_ obeys "no" command
- \_\_\_\_ obeys "sit" command
- \_\_\_\_ obeys "down" command

**Will come when called**

- \_\_\_\_ Less than 50% of the time
- \_\_\_\_ More than 50% of the time
- \_\_\_\_ Always

What kind of collar do you use for your dog? Buckle \_\_\_\_\_ prong collar \_\_\_\_\_  
Martingales \_\_\_\_\_ no-choke chain \_\_\_\_\_ no-pull harness \_\_\_\_\_  
other \_\_\_\_\_

How does dog relate to people? Please rate from 1 - 5 (5 being most friendly)

\_\_\_\_\_ men \_\_\_\_\_ women \_\_\_\_\_ children

On a scale of 1 -5 (5 being the gentlest), how does your dog take food from someone's hand? \_\_\_\_\_

**Does dog: (Please check those that apply)**

- |                       |                                      |                                       |
|-----------------------|--------------------------------------|---------------------------------------|
| ____ bark excessively | ____ fight with other dogs           | ____ dislike loud noises              |
| ____ jump on people   | ____ chase cats/rabbits              | ____ jump on furniture                |
| ____ bite people      | ____ get car sick                    | ____ beg for food                     |
| ____ have fleas       | ____ act aggressively towards people | ____ act aggressively towards animals |

Is there any other information about your dog we should be aware of? \_\_\_\_\_

Thank you for your time and effort involved in clearing your dog for our visitation program. We're looking forward to working with you. **Please return this form to: Mark Cirillo, Volunteer Coordinator, spcaLA 5026 W. Jefferson Blvd. Los Angeles, CA 90016**



**FELINE HISTORY**

(To be filled out by owner)

Cat's Name \_\_\_\_\_ Cat's Breed \_\_\_\_\_

Sex:  Male  Female Age \_\_\_\_\_ Weight (approx.) \_\_\_\_\_

Spayed or neutered?  Yes  No Litter trained?  Yes  No

Does your cat have any health problems or taking any medications?  Yes  No  
If yes, what? \_\_\_\_\_

Where did you get your cat? \_\_\_\_\_ At what age? \_\_\_\_\_

If you are not the cat's original owner what, if anything do you know about your cat's prior history?

\_\_\_\_\_  
\_\_\_\_\_

**Does cat: (Please check all that apply)**

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| ____ hiss                                     | ____ dislike dogs                    | ____ dislike loud noises              |
| ____ scratch                                  | ____ chase birds/rodents             | ____ spray                            |
| ____ jump on furniture                        | ____ scratch furniture               | ____ bite people                      |
| ____ get car sick                             | ____ have fleas                      | ____ beg for food                     |
| ____ have any current injuries/aches or pains | ____ act aggressively towards people | ____ act aggressively towards animals |

What kind of leash do you use for your cat?  collar and leash  harness  other \_\_\_\_\_

How does cat relate to people? Please rate from 1 - 5 (5 being most friendly)

\_\_\_\_\_ men \_\_\_\_\_ women \_\_\_\_\_ children

On a scale of 1 -5 (5 being the gentlest) how does your cat take food from someone's hand? \_\_\_\_\_

Is there any other information about your cat we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Thank you for your time and effort involved in clearing your cat for our visitation program. We're looking forward to working with you. **Please return this form to: Mark Cirillo, Volunteer Coordinator, spcaLA 5026 W. Jefferson Blvd. Los Angeles, CA 90016**