



KPETS

Keystone Pet-Enhanced Therapy Services
 590 Centerville Rd #107 ♥ Lancaster, PA 17601 ♥ 717.333.kpet (5738)
www.kpets.org ♥ info@kpets.org

Promoting the Healing and Rehabilitating Benefits of the Animal/ Human Bond

KPETS Questionnaire

| | |
|------------------|--------|
| Name: | Phone: |
| Address: | Email: |
| City, State, Zip | |

Animal(s)

| What type/breed/size animal(s) do you have? List below | Names | Is it a certified therapy animal? * |
|--|-------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |

*Through Delta Society, Therapy Dogs, Inc or Therapy Dogs Int'l

Current Status

Are you currently doing pet therapy visits? _____
 What Location(s)? _____

With an organized group? ____ If so, name of group _____

Have you taken any training classes (obedience, etc) _____
 If so, please specify what type and where? _____

Does your pet have any special talents or tricks? _____
 If so, explain: _____

Availability – frequency

What amount of time are you available to visit? _____

- More than once a week
- Once a week
- Bi weekly
- Monthly
- Other

Availability - Schedule

What time of day best fits your schedule? Be specific if necessary

What days best fit your schedule? _____

Do you prefer...?

Going on your own when it fits into your schedule?

or

Do you prefer going at a regimented time with others?

What type of visiting do you prefer?

- Visit many people for short periods of time
- Visit less people and spend more time with those you do visit
- Visit only one person
- Do things for groups of people – no one-on-one
- Other

What type of people are you comfortable visiting?

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Hospice patients |
| <input type="checkbox"/> Children | <input type="checkbox"/> Emotionally unstable | <input type="checkbox"/> Any |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Mentally challenged | <input type="checkbox"/> Other – please list |
| <input type="checkbox"/> Prisoners | <input type="checkbox"/> Dementia patients | _____ |

What area (townships) or how far are you willing to travel to do visiting?

Are you willing to document visiting information?

(Such as: length of stay, date, time, reaction to visit, other as requested) and submit for measurement of AAT benefits?

Would you be interested in participating in other activities to promote pet therapy?

Activities would be things like: staffing an info booth at community events or walking in parades to promote pet therapy? _____

Would you be interested in volunteering with administrative duties to help KPETS continue to fulfill our mission? _____

Thank you for taking the time to complete and return this survey. By compiling this information, we will better serve you by matching your scheduling preferences; which in turn, will make this much-needed service available to so many more in our community.
Thanks again!