

Screening Children for Involvement in Animal-Assisted Therapy

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This form can be utilized by/adapted to fit the need of AAI professionals working with children. There are many steps that a professional should take prior to introducing a therapy animal to a child. Created by AAAIP member Macy Burr (OTD, OTR/L), this screening form walks a professional through considerations related to therapeutic rationale, risk assessment, and personal background related to animals.

Contact Information				
Client name:	Sex:	Date of Birth:	Age:	
Parent/Guardian's name:				
Address:				
Email:				
Phone:	School atter	nding:		
General information regarding animal assisted intervention preferences:				
Describe reasons why you would like	a therapy do	g to be involved in your child's t	herapy:	
In what ways could a therapy dog en	hance therap	y for your child?		



What therapeutic goals do you think a therapy dog could assist with?			
Allergies			
Is your child allergic to dogs?			
Is your child allergic to other animals? If so, what types?			
Risk for Zoonosis			
Does your child have an infection, open wound, please describe:	burns, or are immunocompromised? If yes,		
Fears related to animals			
Is your child fearful of dogs?			
Does your child get scared with normal dog behaviors (licking, jumping, sniffing, etc.)? Please describe:			
Does your child appear fearful when dogs moves quickly?			
Phobias			
Describe any phobias that your child has:			
Past Animal Experiences			



Has your child interacted with dogs in the past? Please describe:			
If yes, answer the following questions:			
Does your child try to train dogs or teach them r	new tricks? Please describe.		
Does your child use physical force or a raised voice when trying to train dogs?			
Have you witnessed your child being aggressive towards dogs?			
Does your child smile and or laugh when dogs are around?			
Does your child enjoy spending time with dogs?			
Does your child have a history of animal-related trauma? (This can range from the loss of a pet to being attacked). Please describe:			
Is there any information about your child that shinitiation of animal assisted therapy?	nould be taken into consideration before		