

## New Volunteer/animal Placement and Observation Form

*This form is to be completed by an experienced H.A.B.I.T. volunteer.*

Volunteer's Name: \_\_\_\_\_ Date of Orientation \_\_\_\_\_

Animal's Name: \_\_\_\_\_ Date of observation \_\_\_\_\_

Name of Observer \_\_\_\_\_ Monitor \_\_\_\_\_

Facility Assigned \_\_\_\_\_ Facility Contact \_\_\_\_\_

Visitation Day: \_\_\_\_\_ Visitation time: \_\_\_\_\_

### Checklist:

Animal on short leash \_\_\_\_\_

Explained: no treats \_\_\_\_\_ where to park \_\_\_\_\_ where to sign-in \_\_\_\_\_ what to do if there is an incident \_\_\_\_\_ their further training by the facility \_\_\_\_\_

Shown: sign-in book \_\_\_\_\_ water bowl \_\_\_\_\_

Where to take the animal for a bathroom break \_\_\_\_\_

Given: name tag \_\_\_\_\_ animal scarf \_\_\_\_\_ contact number card \_\_\_\_\_ time keeping tablets \_\_\_\_\_

1. Was the animal clean, groomed, free of parasites? Yes \_\_\_\_\_ No \_\_\_\_\_
2. How did animal greet or respond to people (staff, patient, clients, students, other volunteers?) \_\_\_\_\_
3. If a dog, did the dog walk calmly on the leash? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did the owner have control of the animal (i.e. did it pull on the leash, did it try to jump on people, try to give kisses, or try to hide) \_\_\_\_\_  
\_\_\_\_\_
5. Did the animal have an opportunity to urinate/defecate outside? \_\_\_\_\_
6. How long did the visit last? \_\_\_\_\_

Additional Comments

---

---

---