

Therapy Dog Workplace Intent & Conditional Approval Form

DETAILS

Handler / Client name: _____ Dog name(if known): _____
Workplace/Organisation name: _____
Workplace address: _____
Primary contact person: _____ Position / Role: _____
Contact email: _____ Contact Phone: _____

PURPOSE OF THIS FORM

This document confirms that the above workplace is aware of the client's intent to train their dog toward a Therapy Dog role and is supportive of conditional future involvement once appropriate training and readiness criteria have been met.

This form does not confirm that the dog is currently ready to attend the workplace.

ACKNOWLEDGEMENT OF TRAINING STATUS

Please confirm your understanding that:

- ☐ The dog is currently in training or pre-suitability approval and is not yet an endorsed therapy dog.
- ☐ The dog will only attend the workplace once assessed as ready by Assistive K9s.
- ☐ Attendance will be gradual, structured, and staged.
- ☐ Ongoing suitability is subject to behavioural review.
- ☐ Endorsement may be withdrawn at any time if concerns arise.

LEGAL RESPONSIBILITY

Please acknowledge:

- ☐ The dog remains the legal property and full responsibility of the handler at all times.
- ☐ The handler is responsible for the dog's behaviour, supervision, welfare, and control while on site.
- ☐ The workplace is not responsible for the dog's training, handling, or behavioural management.
- ☐ The workplace is responsible for decisions relating to the dog's attendance on site, the designation of its role within the organisation, and the management of interactions within the workplace environment.
- ☐ The workplace confirms that appropriate public liability insurance is, or will be, in place for activities conducted on site and understands that insurance documentation will be reviewed prior to attendance (refer to accompanying documentation).

INTENDED ROLE OF THE DOG (ONCE READY)

The dog may be expected to:

- ☐ Provide calm presence
- ☐ Engage in structured interactions
- ☐ Support emotional wellbeing
- ☐ Participate in supervised sessions
- ☐ Participate in classroom / group sessions
- ☐ Be present during meetings or consultations

☐ Other (please specify):

ENVIRONMENTAL CONSIDERATIONS

Please indicate any known environmental factors that may impact role & suitability:

- ☐ High noise levels (bells, alarms, machinery)
- ☐ High foot traffic or busy corridors
- ☐ Vulnerable populations (children, elderly, medical patients)
- ☐ Medical or clinical environment
- ☐ Shared office space
- ☐ Outdoor exposure areas
- ☐ Confined or small spaces
- ☐ Sudden unpredictable movement
- ☐ Food present in common areas
- ☐ Other animals on site
- ☐ Shift-based or inconsistent schedules
- ☐ Limited retreat / rest space available
- ☐ Other (please specify):

INSURANCE & RISK ACKNOWLEDGMENT

- ☐ I understand that the dog will not attend the workplace until appropriate insurance coverage is confirmed.
- ☐ I understand that participation is voluntary and may be reviewed or discontinued if concerns arise.
- ☐ I acknowledge that both dog welfare and client wellbeing remain priorities in all decisions.

CONDITIONAL APPROVAL

On behalf of the organisation, I confirm that we are supportive of the client progressing toward a therapy dog role within this workplace, subject to:

- Completion of appropriate training
- Behavioural suitability assessment
- Ongoing review
- Insurance confirmation

We understand that final readiness determination rests with Assistive K9s and that approval does not guarantee permanent or unrestricted attendance.

Name:

Position:

Signature:

Date:
