

Risk Assessment - Therapy Dogs

Name of Service User: _____

	Observation	YES	NO	Comments
1	Consent for visits of a Therapy Dog obtained from the service user / advocate / family member.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Service user does not have other pets which could compromise a visit from a Therapy Dog.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Service user does not suffer from animal-related allergies.	<input type="checkbox"/>	<input type="checkbox"/>	
4	The Therapy Dog has third party liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	
5	Service user does not suffer from medical conditions which could compromise a visit from a Therapy Dog.	<input type="checkbox"/>	<input type="checkbox"/>	
6	If the service user has any skin wounds or lesions, then these are properly covered.	<input type="checkbox"/>	<input type="checkbox"/>	
7	If the service user has any catheters, pads or bandages, then these are properly protected.	<input type="checkbox"/>	<input type="checkbox"/>	
8	The dog is clean, and wiped down with a soft cloth prior to the visit.	<input type="checkbox"/>	<input type="checkbox"/>	
9	The dog's nails are kept short.	<input type="checkbox"/>	<input type="checkbox"/>	
10	Location and duration of first visit:	<input type="checkbox"/>	<input type="checkbox"/>	
11	Decision reference whether dog should be kept on a leash, or off the leash and free to roam:	<input type="checkbox"/>	<input type="checkbox"/>	

Person conducting Risk Assessment: _____ Position: _____

Signature: _____ Date: _____