

Date and Time of Facility Visit: _____
Interview conducted by: _____

CONFIDENTIAL

Animal Assisted Therapy (AAT) Prospective Facility Questionnaire

Contact Information:

Name of Facility:

Address with zip (include cross-streets):

Website Address:

Primary Contact:

Title:

Phone:

Fax:

Email:

Emergency or Secondary Contact (if Primary contact is not available, please specify additional name and contact information):

Who will accompany the AAT volunteer on site visits? (Please provide full name, title and telephone no.)

Tell me about your facility and its surrounding environment:

Overview (one or two sentences maximum):

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What types of clients do you serve?

Hospice	Active Seniors
Alzheimer's/Dementia	Disabled Adults
Disabled Children/Teens	Troubled Children/Teens
Developmentally Disabled Adults	Developmentally Disabled Children/Teens
Locked Psychiatric	Unlocked Psychiatric
Day Treatment Psychiatric	Hospital Rehabilitation
Hospital Acute	Halfway House
Residential Case Management	
Other:	

Ages served:

Demographics served:

Established:

How would you describe the environment at your facility?

- a. Calm / Quiet / No Surprises
- b. Active / Moderate Noise / Some Surprises
- c. Bustling / Noisy / Expect the Unexpected

How many beds / clients at your facility?

- | | | |
|-------------|-------------|-------------|
| a. Under 25 | c. 50 - 100 | e. Over 200 |
| b. 25-50 | d. 100-200 | |

How many beds / clients would you anticipate per AAT visit?

- | | | |
|-------------|-------------|-------------|
| a. Under 25 | c. 50 - 100 | e. Over 200 |
| b. 25-50 | d. 100-200 | |

How active are your clients with whom AAT will conduct visits?

- | | |
|-------------------------------|--------------------|
| a. Beds only | c. Most are mobile |
| b. Some beds/ Some are mobile | d. All are mobile |

Draft Revised as of 11/13/09
AAT Prospective Facility Questionnaire(3

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What would you like to accomplish with visits from AAT?

How would you describe the physical layout of the space in which AAT visits will be conducted? (for example, in one common area – enclosed or not enclosed room(s), separate floor(s), room-by-room/bed-by-bed, if applicable)

What parking arrangements, if any, does your facility offer (i.e., on-site, private / public parking lot or garage, metered street parking, parking pass provided)?

Additional Comments / Considerations:

Pet Visitation:

What size canine do you think best suits your needs (i.e., toy/very small dog from 2-9#; small dog from 10-30#; medium size dog from 30-60#; large size dog over 60#) and why?



Toy/Very Small



Small



Medium



Large

What pet personality type best suits your clients: Calm / Quiet Playful Other:

How frequently would you like AAT to visit?

- a. Once a week
- b. Twice a week
- c. More than twice a week
- d. Weekdays / Weekends
- e. Optimal Hours for Visits - Mornings, Afternoons or Evenings

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How long would you like AAT visits to last?

- a. 30 minutes
- b. 1 hour
- c. 1-2 hours
- d. Other

Do you anticipate conducting other activities at the same time in the designated AAT visiting area?

How would you rate your staff's receptivity to pet visitation?

Low Moderate High Very High

Comment as needed:

How would you rate your clients' receptivity to pet visitation?

Low Moderate High Very High

Comment as needed:

Contact with Animal Assisted Therapy (AAT) Program:

How did you hear about our AAT program?

Do you have a preferred prospective volunteer whom you'd like your facility to partner with?
