



Standards of Practice for Animal-Assisted Interventions



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Foreword

In 1996, the Delta Society (now Pet Partners) first published *Standards of Practice* with the intended goal of offering a structured foundation for what was, at the time, an emerging field. Today, as the field of animal-assisted interventions (AAI) seeks to firmly establish its position as a complementary modality for human health and well-being, it's critical to articulate the minimum standards of participating handlers, animals, and programs.

This updated version of the publication reflects the current best thinking with goals that are very similar to those that were originally stated:

- To provide higher quality of service to all clients.
- To provide a resource for risk management and quality assurance.
- To provide an educational resource for staff and personnel.
- To provide other professional organizations evidence of internal structure and consistency.
- To provide for the health, welfare, and safety of all who are involved.

These standards of practice are the most comprehensive guidelines for AAI and prescribe a rigorous set of criteria that are designed to ensure the safety of therapy animals, handlers, and clients that they interact with. This publication is grounded in the philosophy that animals aren't tools: they're sentient beings that are capable of making choices and expressing preferences, and that deserve protection from exploitation.

Animal-assisted interventions are unique in that they can be delivered by volunteers, paraprofessionals, and professional practitioners. This publication is intentionally designed to be inclusive of all these audiences. Safety is no less critical in an informal setting such as a children's library reading program than in a clinical setting. *Standards of Practice* can serve as a reference for facilities, individuals, and organizations that are seeking to incorporate best practices.

AAI Code of Ethics

The credibility of a profession is grounded in adherence to a code of ethics for its members. This code of ethics was introduced in the original 1996 publication and still applies to all individuals who participate in AAI, whether they're volunteers, paraprofessionals, or professionals. It's intended to be a guide for promoting and maintaining the highest standards of ethical behavior in our rapidly growing field.

1. Perform duties that are consistent with your position and training.
2. Abide by the professional ethics of your respective profession and organization.
3. Demonstrate a belief in and attitude of reverence for all life.
4. At all times, treat all animals, all people, and the environment with respect, dignity, and sensitivity, maintaining the quality of life and experience for all who are involved.
5. Be informed and educated about the current and emerging aspects and issues related to AAI.
6. Demonstrate commitment, responsibility, and honesty in all phases of your activities.
7. Comply with all local, state, and federal laws that govern AAI.

Section 1

Standards for Handlers



Although the importance of an appropriate animal for animal-assisted interventions (AAI) is indisputable, the role of the handler can't be understated. It's the handler who must possess the knowledge, skills, and attitude to ensure effective and safe interactions. This section is written broadly for any level of handler and is designed to complement, not replace, any competencies or regulations for animal-assisted therapy (AAT) that are specific to different health care specialties.

1.1 The Handler Demonstrates Responsible Animal Ownership.

Handlers should have the ability to support their animal's health and wellness needs. This support includes but isn't limited to providing necessary nutrition, preventative and responsive veterinary care, mental stimulation, physical exercise, a fear-free approach to training and companionship for the life of the animal.

1.2 The Handler Possesses a Thorough Knowledge of His or Her Animal.

To participate in AAI, handlers should have a thorough knowledge of their animal's species and breed, in addition to the traits that are specific to their own animal.

- Ability to recognize changes in their animal's baseline health indicators to determine factors that preclude the animal's participation in AAI, such as illness, injury, or aging.
- Ability to identify, understand, and respond to changes in their animal's body language.
- Ability to predict or anticipate the animal's reaction to a variety of stimuli and situations.

1.3 The Handler Is Mature Enough to Participate in AAI.

Minors who have the skills and maturity to handle therapy animals in a volunteer setting should receive appropriate supervision and real-time support.

1.4 All Handlers Should Receive Training That's Specific to AAI Handling.

Although practitioner-specific or facility-specific training might be required in order to fully provide AAI, such training is in addition to the core handling skills that are outlined here.

Handler Responsibilities

- It's the handler's responsibility to ensure a humane experience for the animal.
- The animal shouldn't be made to experience undue stress.
- Client interactions with the animal must be appropriate. The animal shouldn't be at risk of physical or emotional injury.

Best Practices for Handling

- Techniques for responsive stress management to support the animal.
- Proactive positioning of the animal relative to the client, taking special equipment such as IV lines and wheelchair wheels into account.
- Selection of appropriate environments and/or clients for the therapy animal team, giving due consideration to the animal's experience and comfort level, the activity level of the environment and the additional oversight or support that's available from onsite staff.

Professional Conduct

- Confidentiality requirements, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) where appropriate.
- Appropriate behavior and boundaries with clients.
- Respect for the attitudes of others, particularly those who are concerned about the presence of an animal.
- Respect for therapy animals, acknowledging that they can express preferences for involvement and should actively consent to participation.

Zoonotic Transmission and Infection Prevention

- Ability to identify signs/symptoms in the handler or animal that preclude interactions.
- Ability to identify risks to the handler and animal, including situations that preclude an interaction, such as posted precautions.

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- Best practices in hand hygiene.
 - Species-specific grooming guidelines to minimize zoonotic transmission.

Best Practices When Working With Clients

- Facilitating interactions with clients.
- Approach strategies that ensure client consent.
- Closure strategies that balance the desires of the animal and the client.
- Conversational best practices, such as active listening, person-first languages, and strategies for establishing rapport.

Handler Self-Care

- Stress management techniques.
- Identifying compassion fatigue, secondary trauma, and burnout.

Training Specific to Teams that Provide Animal-Assisted Crisis Response (AACR)

- Disaster concepts, including characteristics of a disaster, phases of a disaster, and an orientation to the Incident Command System.
- Understanding of how people react to disaster, including the emotional phases of people who are in crisis, common reactions to crisis and factors that impact a person's reaction.
- Best practices in crisis intervention, including psychological/mental health first aid.
- Responsible handling in crisis situations, including stress management for therapy animals.
- Health care concerns in disaster settings.

1.5 All Handlers Should Have Access to Continuing Education or Specialty Education.

This education might include formal coursework or mentoring/shadowing to learn about working with special populations such as children, veterans, and individuals with dementia or autism-spectrum disorders, and also to learn about crisis response and so on.

1.6 All Handlers Should Maintain Recognized Handling Credentials.

Accountability through an appropriate organization allows for impartial oversight of qualified teams. It also allows for support or remediation when necessary.

Section 2

Standards for Therapy Animals



Although dogs are the most common therapy animal, the potential exists for a variety of animals to provide therapeutic benefits through animal-assisted interventions (AAI). These standards apply broadly across species and represent minimum standards. Additional standards might be necessary for specific client populations, interventions, or facilities.

2.1 The Animal Is an Appropriate Species.

Evaluation protocols for animals that participate in AAI must be informed by an available ethology that includes documentation of stress signals. Additionally, there should be knowledge of species-specific zoonotic concerns in order to establish whether the potential risk outweighs any benefits to clients.

2.2 The Animal Is Controllable.

The animal should possess reliable, species-appropriate obedience skills and should be able to be directed through voice or hand signals that are perceived as humane, and that demonstrate that the handler is in control of the animal.

2.3 The Animal Is Appropriate for the Task.

Therapy animals should:

- Have an affiliative nature, as demonstrated by willingly engaging in interactions with, accepting attention from, and socializing with diverse individuals individually and in group settings.
- Be well-socialized with other animals, displaying behavior that isn't aggressive, assertive, or overly submissive when it's in a neutral setting. Animals that have a history of aggression that includes injuries to people or other domesticated pets

should be precluded from participation. Additionally, a history of protection work or bite work might be considered a disqualifier.

- Enjoy a variety of interactions, such as petting or brushing, even if they're done somewhat awkwardly or clumsily.
- Demonstrate adaptability in changing environments, including acceptable responses to unusual and sudden movements and sounds.

Together, these characteristics are sometimes referred to as “having a suitable temperament.”

2.4 There's a Connection Between the Handler and the Animal.

Animals that participate in AAI should have complete trust in their handler, ensuring that they will not only look to the handler for direction but also respond to cues in novel situations. For this reason, the handler/animal team should have lived and/or worked together for at least 6 months before participating in AAI.

2.5 The Animal Is Thoroughly Groomed.

Therapy animals should be regularly groomed, including bathing prior to interactions with clients. Animals should have clean coats that are free of mats or tangles. Nails/hooves should be clipped to a safe length and should be smooth. Eyes and ears should be clean of normal drainage and should be odor-free.

2.6 The Animal Is House-Trained.

Therapy animals should be reliably house-trained to limit the potential for accidents. Wearing a waste collection device isn't appropriate, for infection prevention and control reasons.

2.7 The Animal Is Mature.

Therapy animals should be physically and emotionally mature before participating in AAI. Dogs, cats, and larger animals should be no younger than one year old and sometimes older. For smaller species, such as rabbits, an age as young as six months might be appropriate.

Section 3

Standards for Assessment



Therapy animal teams should be thoroughly and regularly assessed. This includes a practical assessment of the team's skills (often referred to as a team evaluation) as well as knowledge assessments for the handler.

3.1 Handlers Are Knowledge-Assessed.

Handlers should be assessed on factual and applied knowledge that's related to best practices in handling and safety.

3.2 Teams Complete a Practical Assessment of Skills and Aptitude.

Each handler/animal team should be able to demonstrate its ability to interact with clients.

For the Handler

- Confident and natural interactions with clients, including the ability to appropriately facilitate interactions with the animal.
- Knowledge of animal body language in context, including the ability to identify, understand and respond to the animal's cues in real time.
- Handling skills, including the ability to support and calm the animal.

For the Therapy Animal

- Core obedience skills that are appropriate to the species. In canines, these include but aren't limited to sit, down, stay, walk on loose lead, come when called and leave it.
- Interest in interacting with strangers in various situations, including but not limited to interactions with individuals or a group, interactions when other animals are present, and awkward interactions.

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- Calm behavior, without escalating to excessive anxiety, fear, or overexcitement.
 - Responsiveness to the handler, even amid auditory and visual distraction.

3.3 Assessment Is Recurring.

Knowledge and practical assessments should recur at a reasonable frequency, not to exceed every three years.

3.4 The Location of the Practical Assessment Is Suitable.

The location of the practical assessment should attempt to simulate a setting for future interactions. Care should be taken to avoid settings that the animal is overly familiar with, such as a dog training center or the handler's home.

3.5 The Evaluator Is Qualified.

To ensure consistency, evaluators who conduct the team's practical assessment should complete relevant, species-specific training in animal behavior, in addition to training that's specific to the registering organization. They should also be familiar with the settings where therapy animals work. Additionally, care should be taken to ensure an impartial evaluator and avoid familiarity between the team and the evaluator. The therapy animal shouldn't be habituated to the evaluator.

Section 4

Standards for Animal Welfare



Consideration of animal welfare isn't simply a philosophical approach to animal-assisted interventions (AAI). Animal welfare also directly impacts client safety. When we take steps to ensure a humane environment, in combination with appropriate standards for the handler and animal, we reduce the risk of accidents that could negatively impact the health and well-being of clients as well as the animal.

4.1 The Animal Enjoys, Not Just Tolerates, Interactions.

Animals are sentient beings that are capable of making choices and expressing preferences, including their preferred level of participation in AAI. A therapy animal should actively consent to participation in AAI; the animal should not simply tolerate interactions, based solely on compliance with the handler's commands. Therefore, handlers should look for cues that indicate active consent and should end interactions if those cues aren't present. This includes deciding to retire a therapy animal after a period of decreasing interest over time.

4.2 Interactions Are Time-Limited.

Therapy animals experience fatigue. Animals that are routinely fatigued have suboptimal immune responses and are at risk for illness as a result of their therapy work. Although different interactions result in different levels of taxation, a limit of one to two hours of work is recommended. Note, however, that the ideal time might be even shorter, depending on the individual animal or setting. For practitioners who incorporate their therapy animal for only parts of a day, the animal should be provided a rest area that's away from people.

4.3 The Animal Receives Regular Veterinary Care.

Therapy animals should be in good health, receiving veterinary examination at least once a year to proactively identify and treat health concerns.

4.4 The Animal Is Comfortable During Interactions.

While providing AAI, the therapy animal should have access to water, a retreat/rest area when needed and regular toileting breaks. Additionally, the handler should be aware of environmental factors that impact the animal, from room temperature to the presence or proximity of other animals.

4.5 Training Is Positive, and the Equipment That's Used Is Non-Coercive.

Training of any kind should use force-free techniques. Equipment that's used for training and handling should be equally force-free, and the use of slip, spray, shock, or prong collars (or similar equipment that isn't perceived as humane) should be avoided.

4.6 Special Considerations for Animals That Are in Heat or Breeding

Additional, species-specific consideration should be given to a therapy animal's appropriateness for interactions during times when the animal is in estrus, pregnant, or lactating. Generally, animals that are experiencing the increased physical demands of reproduction should cease AAI for an adequate time. Responsible animal ownership encourages spaying/neutering, but this isn't a requirement for participation in AAI.

4.7 The Animal Is Accompanied.

Therapy animals must not be left unattended with clients. The handler must be present at all times. Handlers who leave their animal unattended put the animal's welfare at risk.

4.8 The Animal Is Removed When Indicated.

If a therapy animal demonstrates behavior that's consistent with aggression or excessive stress in its species, it must be removed from the setting immediately. Instances of extreme behavior or patterns of behavior might indicate that the animal isn't suited to therapy work.

4.9 One Handler, One Animal

Although different clients might respond to one animal more than another, there's no evidence that it's beneficial for a single handler to bring multiple animals for an AAI interaction. Therapy animals must be handled individually to ensure that the handler can proactively facilitate interactions as well as watch for body language cues that indicate stress, anxiety, or discomfort.

Section 5

Standards for Risk Management



A primary concern cited by detractors of animal-assisted interventions (AAI) is the potential risk. A thorough approach to risk management is a critical component to the field and must not be overlooked.

5.1 Incidents

Organizations that register therapy animals should have comprehensive systems for identifying, tracking, and resolving incidents and perceived incidents. Incidents include but aren't limited to acts of aggression by the animal, inappropriate behavior by the handler, and injuries to any participating party, including the handler and animal. Resolution of incidents might include but isn't limited to remediation, re-evaluation, and dismissal. Although a facility might want to track information about incidents for itself, the information should also be freely shared with the registering organization in order to establish patterns.

5.2 Vaccination

Therapy animals should receive vaccinations to veterinary standards that are appropriate for the species. Regional variation might also be appropriate.

5.3 Raw Meat

Animals that eat raw meat diets and treats are more likely to shed a variety of potentially disease-causing bacteria, including *Salmonella*, *E coli*, *Listeria*, *Clostridium* and *Campylobacter*. Because therapy animals frequently interact with people whose immune systems aren't optimal due to age, stress level, physical condition, or medical history, therapy animals shouldn't eat raw meat diets or treats. Raw meat includes any raw protein from an animal source, including beef, chicken, pork, fish, eggs, or other domesticated or wild animal meat. It also includes treats such as pig's ears, bully sticks, rawhides, freeze-dried treats, and marrow bones.

5.4 Hand Hygiene

In order to limit the spread of bacteria, clients who interact with therapy animals should perform thorough hand hygiene both before touching the therapy animal and at the end of the interaction. Similarly, handlers should practice regular hand hygiene.

5.5 Handler Health

Handlers should be in good health in order to participate in AAI. This includes being free of symptoms of communicable illness. Such symptoms include but aren't limited to fever, coughing, sneezing, rash, vomiting, and diarrhea.

5.6 Animal Health

Therapy animals should be free of any signs of ill health while participating in AAI. This includes but isn't limited to broken skin, vomiting, diarrhea, infection, and lameness. Therapy animals should also be free of internal and external parasites. Therapy animals that take medications including antibiotics, antifungals, or immunosuppressives shouldn't participate in AAI until they've completed the course of treatment and are healthy again.

5.7 Barrier Use

A clean barrier should be used when a therapy animal sits on a client's lap, on top of a client's bedding, or on furniture at a facility. These barriers can be either disposable or laundered, but they shouldn't be shared by multiple clients.

5.8 Insurance Coverage

Therapy animal teams should have an appropriate level of insurance coverage for their AAI activities. Although many handlers will have some level of individual insurance coverage through their homeowners or renters insurance policies, additional insurance through the registering organization is critical. This should include general liability insurance that has a per-occurrence limit of at least \$1 million with no animal/dog exclusions, as well as an umbrella liability policy of at least \$1 million. Practitioners might need separate or additional insurance.

Section 6

Recommendations for Facilities



Facilities that seek to offer animal-assisted interventions (AAI) should consider not only the requirements for therapy animal teams, but also the roles and responsibilities of facility staff in ensuring safe and effective interactions.

6.1 Identifying Appropriate Teams

When selecting teams to enter your facility, select those that meet the standards outlined in this document. Additionally, it's recommended that you become knowledgeable about the requirements imposed by the registering therapy animal organization and the level of support that the organization offers. This includes but isn't limited to policies, procedures, and insurance coverage.

6.2 Identifying Appropriate Clients

Facilities should take steps to identify clients who are well-suited to interactions. Such steps include but aren't limited to screening for preferences, allergies, fears, or phobias, past animal abuse, and a history of animal-related trauma.

6.3 Considerations When Personal Pets Might Be Present

For facilities such as retirement communities that permit clients to have personal pets, or that keep facility animals, an effort should be made to keep therapy animals and other pets separated. Although therapy animals have been screened for basic socialization, pets that perceive the facility as their home rather than neutral territory might behave unpredictably.

6.4 Point of Contact

Handlers should have a point of contact who oversees or is aware of the AAI program and can relay necessary information about client appropriateness for visits.

6.5 Space Requirements

Although therapy animals are comfortable indoors, facilities should have an appropriate space outside where animals can rest and relieve themselves, as well as the necessary waste receptacles so that handlers can clean up after their animal.

6.6 Additional Handler Requirements

It's appropriate to request that handlers complete additional requirements that are unique to your facility. These include but aren't limited to orientation, additional health screenings, vaccinations, and background checks.

6.7 Establish Predetermined Program Goals

Therapy animals aren't entertainment. Although interactions can be informal and social in nature, they should have goals, such as improving mood, decreasing stress and loneliness, or increasing peer interactions and dialogue. Facilities that identify targeted client outcomes will have more successful AAI experiences.

6.8 Supplemental Training

If handlers who provide AAI are volunteers or paraprofessionals, facilities might choose to offer them additional orientation and training. Although all handlers should have a strong knowledge base of handling skills, information about your client population and procedures is helpful.

6.9 Documentation

Documentation of any therapy animal team's insurance, current registration, and other relevant details, such as vaccination history, should be kept on file at facilities where animals are providing AAI.

Section 7

Recommendations for Investigative Studies/Research



Although many people intuitively understand the benefits of positive interactions with animals in our lives, an emerging body of research is recognizing the impact that the human-animal bond can have on health and wellness. Continued empirical research benefits the field at large.

7.1 Selecting Therapy Animals

Researchers should plan to use registered therapy animal teams from organizations that meet standards. This allows researchers to place the responsibility of maintaining the animal's welfare in the hands of an educated, registered handler who has the proper knowledge and appropriate expertise to monitor the therapy animal while maintaining the highest credibility and standards in the field.

7.2 Ethical Considerations

Researchers should complete the necessary independent ethics reviews, such as an institutional review board (IRB) for human subjects and an institutional animal care and use committee (IACUC) for animals.

7.3 For Non-Researchers Who Are Seeking Research

Those who want to promote or conduct research should partner with established institutions or investigators to ensure the use of standardized, reliable, and valid measures, as well as thoughtful research design and methodology that will advance current findings.

7.4 For Handlers Who Participate in Research

Therapy animal handlers who are invited to participate in research opportunities for animal-assisted interventions (AAI) might not have similar experience in this area. Handlers will be expected to adhere exactly to the proscribed protocols in order to assure quality data. Before participating, you will be asked to provide informed consent, in which you indicate that you're aware what you and your animal will be doing, and that you're comfortable performing these tasks.

Terminology

Animal-Assisted Interventions (AAI)

Animal-assisted interventions are goal-oriented and structured interventions that intentionally incorporate animals into health, education, and human service for the purpose of therapeutic gains and improved health and wellness. Animal-assisted therapy (AAT), animal-assisted education (AAE), and animal-assisted activities (AAA) are all forms of AAI. In all these interventions, the animal might be part of a volunteer therapy animal team that's working under the direction of a professional, or it might be an animal that belongs to the professional.

Animal-Assisted Therapy (AAT)

Animal-assisted therapy is a goal-oriented, planned, structured, and documented therapeutic intervention directed by health and human service providers as part of their profession. A wide variety of disciplines might incorporate AAT. Possible practitioners include physicians, occupational therapists, physical therapists, certified therapeutic recreation specialists, nurses, social workers, speech therapists, and mental health professionals.

Animal-Assisted Education (AAE)

Animal-assisted education is a goal-oriented, planned, and structured intervention directed by a general education or special education professional. The focus of the activities is on academic goals, prosocial skills, and cognitive functioning, and student progress is both measured and documented.

Animal-Assisted Activities (AAA)

Animal-assisted activities provide opportunities for motivational, educational and/or recreational benefits to enhance quality of life. Although these activities are more informal in nature, they're delivered by a specially trained professional, paraprofessional and/or volunteer in partnership with an animal that meets specific criteria for suitability.

AAI, AAA, AAT, and AAE are the preferred industry terms. Although the term "pet therapy" was widely used several decades ago, it should be avoided, because it's inaccurate and misleading. The currently preferred terms imply that the animal is acting as a motivating force to enhance the treatment provided by a well-trained person.

Animal-Assisted Crisis Response (AACR)

A subset of animal-assisted activities, animal-assisted crisis response provides comfort to those who have been affected by natural, human-caused, or technological disasters. The response environment has the potential to be complex and unpredictable.

Animal-Assisted Workplace Well-Being (AAWW)

A subset of animal-assisted activities, animal-assisted workplace well-being incorporates therapy animal interactions in workplace settings, for benefits that range from stress reduction and decreased blood pressure to socialization and community building, along with the potential for increased productivity.

Therapy Animal

Therapy animals can provide physical, psychological, and emotional benefits to those they interact with, often in facility settings such as hospitals, assisted living facilities, and schools. In addition to strong obedience skills, these animals have a special aptitude for interacting with members of the public and enjoy doing so.

A therapy animal has no special rights of access, except in those facilities where they're welcomed. Regardless of their therapy animal designation, they may not enter businesses that have a "no pets" policy and may not accompany their handler in the cabin of an airplane.

Assistance Animal (Service Animal)

Assistance animals, also commonly called service animals, are defined as dogs (and in some cases, miniature horses) that are individually trained to do work or perform tasks for people with disabilities. Examples include guide dogs for people who are blind, hearing dogs for people who are deaf, and dogs that provide mobility assistance or communicate medical alerts.

Assistance dogs are considered working animals, not pets. The work or task that a dog has been trained to provide must be directly related to the person's disability. Per the Americans with Disabilities Act of 1990 (ADA), guide, hearing and service dogs are permitted to accompany a person with a disability almost anywhere that the general public is allowed. This includes restaurants, businesses, and airplanes.

This publication does not address assistance animal standards; assistance animals are not equivalent to therapy animals.

Emotional Support Animal

An emotional support animal, sometimes also referred to as a comfort animal, is a pet that provides therapeutic support to a person with a mental illness. To be designated as

an emotional support animal, the pet must be prescribed by a licensed mental health professional for a person with a mental illness. The prescription must state that the individual has an impairment that substantially limits one or more major life activities, and that the presence of the animal is necessary for the individual's mental health.

Per the ADA, individuals with emotional support animals don't have the same rights to public access as individuals with a service dog. Emotional support animals may accompany their owners in public areas only with the express permission of each individual venue and/or facility management. Emotional support animals may live with their owners in locations covered by the Fair Housing Amendments Act of 1988 (FHAA), regardless of any "no pets" policy. Although they're most frequently dogs, other species may be prescribed as emotional support animals.

This publication does not address emotional support animal standards; emotional support animals are not equivalent to therapy animals.

Facility Animal

A facility animal is an animal that's regularly present in a residential or clinical setting. These animals can be of various species, from dogs and cats to birds and fish. They might live with a handler who is an employee of the facility and might come to work with that employee each day, or they might live at the facility full time, under the care of a primary staff person. Facility animals should be specially trained for extended interactions with clients or residents of the facility. These interactions might include AAA, AAE, or AAT. Facility animals don't have special rights of access in public, unless they're accompanying and directly supporting a client with a disability.

Registration

Registration is the process that a therapy animal team completes to establish that it meets all requirements and is suitable to participate in AAI. There's a distinction between registration and certification. Therapy animal teams are registered, not certified. Certification implies that an independent third party has assessed an individual's mastery of knowledge and skills. For example, doctors are certified by a Board of Medicine, not the medical school where they completed their education. At this time, no independent certifying body exists for therapy animals.

Therapy Animal Team

A therapy animal team is a unique combination of one handler and one animal who work together, and who register to provide AAI in their community.

Handler

A handler is the human end of the leash in a therapy animal team. Handlers might be trained volunteers, paraprofessionals, or professional practitioners within their health care specialty.

Evaluator

An evaluator is an individual trained to provide a standardized and recurring practical assessment of a therapy animal team's skills in AAI.

Paraprofessional

A paraprofessional is an individual trained to provide AAI in partnership with a health and human services professional, but who isn't licensed to practice in that field independently.

Practitioner

A practitioner is an individual who meets the credentials and/or licensure requirements of their profession to deliver specific services, such as counseling, physical therapy, occupational therapy, and so on. Practitioners can provide AAI with their own animal, or they can partner with and direct a volunteer handler or paraprofessional.

Client

A client is any recipient of an interaction with a therapy animal. Clients can include patients, students, staff, or members of the general public.