



APPLICATION FOR SERVICE DOG TRAINING

Our application process includes several steps: Client Profile, Background Check (**\$15 will be charged by Secure Search**), Medical Recommendation, and your DD214 (if you are a veteran). All steps **must** be complete before you will be interviewed as a potential client. We reserve the right to determine that an applicant is not an appropriate fit at any point during the process. Our service area is metro Denver, foothills and I-25 corridor from Castle Rock to Broomfield. For clients out of the service area, Faithfully K9 Service Dogs will meet once at client's home with future sessions occurring within the service area. Clients out of the service area please initial agreement to meet within service area. Initial _____

CLIENT PROFILE

DATE _____

Full legal name _____

- If under 18, there must be an adult ultimately responsible for the dog who will participate in the training. Minors are considered 3rd party, meaning they will not have public access without the designated adult(s) present.

-- Name(s) of adult(s) _____

Do you have a preferred nickname? _____ Sex _____

Date of Birth _____ Age _____ Height _____ Weight _____

Address _____

Street _____ City _____ State _____ Zip _____

Cell Phone _____ Do you text? _____ Home Phone _____

Work Phone _____ Employer _____

Email Address _____

If you are or have been in the military:

Dates of Service _____ Branch _____ Active Retired

Is your disability combat related? (This will not affect your status with us, this question is for grants purposes only.) _____

What is your disability? Please list all physical and mental diagnoses.

Emergency Contact _____ Relationship to you _____

Emer. Contact's Phone # _____ Secondary # _____

Emer. Contact's Address _____

Street _____ City _____ State _____ Zip _____

If we are evaluating your dog to become your service dog:

Dog's Name _____ Breed _____ Age _____

Color _____ Sex _____ Neutered/Spayed? _____

Weight _____ Microchip # _____

How did you hear about us? _____



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What are your limitations regarding mobility, strength, endurance, balance, hearing, vision, speech, sensitivities, learning and anything else relating to how your disability effects you?

Are you anticipating any upcoming surgeries or changes in health?

Do you have ideas about how a service dog may help you?

Are you looking for a dog to help you at home, in public, or both? Please explain:

Have you had a service dog before? _____

How long have you been considering using a service dog? _____

Do you have plans to move within the next few years? If so, where to?

Who else lives in your home?

Name	Age	Relationship to you



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Does anyone else living in your home have a disability?

Is there anything else unique about your home or visitors to your home that you would like to tell us?

What pets do you currently have?

Name	Species, breed	Age	Spayed or neutered?	Gets along with dogs?

Additional notes we should know about your current pets:

Are you planning on adding any additional pets to your household?

Have you trained a dog before? If so, tell us a bit about it.



MEDICAL RECOMMENDATION

For clients with a mental health diagnosis you will need to send the following form (pages 9-10) to your therapist. If you have a physical disability we will need this form to be filled out by your primary care doctor. If you have both a mental health diagnosis and a physical disability we will need this form to be sent to both, even if you are only seeking a service dog for one type of disability.

Please put your name and date of birth at the top of the form and leave the rest for the physician or therapist to fill out. They should mail the form directly back to us.



Medical Recommendation Form

Patient: _____ DOB: _____

The above named patient is seeking a service dog. Please complete this form and send it back to us directly at

Faithfully K9 Service Dogs
25587 Conifer Rd. Suite 105, #129
Conifer, CO 80433.

We maintain confidentiality of our clients' records. We will not share this information with the client without your express permission. You may contact us at **970-591-3205** or **faithfullyk9@yahoo.com** if you have any questions.

Practitioner: _____ Specialty: _____

Address: _____ Phone: _____

Date patient last seen: _____

Length of association with patient: _____

Patient's diagnoses: _____

Our service dogs learn obedience and exceptional manners, provide companionship and are trained for varying skills which may include but are not limited to:

- Aiding in balance
- Retrieving or carrying items
- Interrupting undesirable behaviors
- Finding help
- Retrieving the phone
- Opening doors
- Creating space
- Tugging off jackets, shoes or socks
- Waking from nightmares

Do you believe that your patient would benefit from having a service dog? Why or why not? _____



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Do you recommend that your patient receive a service dog? _____

Is there a reasonable expectation that this patient will be able to use a service dog for ten years? _____

Do you believe that this patient will properly care for a dog, including appropriate handling, exercise and financially meeting a dog's needs?

Is the patient taking medication which impairs functioning? _____

Has patient had a history of drug or alcohol abuse? If so, when? _____

Has patient attempted suicide? _____

Does patient have a history of physical abuse towards others? _____

How reliable are they for appointments? _____

If patient is cognitively impaired, how significantly are they affected?

How effective is the patient at overcoming their limitations? _____

Is there anything else we should know? _____

May we contact you with questions? _____