

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.

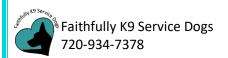
CLIENT PROFILE			DATE		
Full legal name					
will participate in t	he training. Minors public access witho	are conside	red 3rd party, meaning nated adult(s) present.		
Do you have a preferred i	nickname?		Sex		
Date of Birth	Age	Height	Weight		
Address					
Street		City	<mark>State Zip</mark>		
Cell Phone	Do you text?	Hor	ne Phone		
Work Phone	Employer				
Email Address					
If you are or have been in					
Dates of Service	Branch		☐ Active ☐ Retired		
Is your disability com question is for grants		vill not affec	t your status with us, this		
What is your disability? P	lease list all physica	ıl and menta	l diagnoses.		
Emergency Contact	Relationship to you				
Emer. Contact's Phone #		Second	ary #		
Emer. Contact's Address	Charach	C't.	Charles 70a		
If we are avaluating value	Street	City	State Zip		
If we are evaluating your Dog's Name	Breed				
Color			Age		
	Sex 1icrochip #	·	Neutered/Spayed?		
How did you hear about i	•				
TIOW and you near about t					



What are your limitations regarding mobility, s sensitivities, learning and anything else relating	_		_	on, speech
Are you anticipating any upcoming surgeries o	r changes in l	he	alth?	_
Do you have ideas about how a service dog m	ay help you?			_
Are you looking for a dog to help you at home,	, in public, or	bo	oth? Please explain:	_
Have you had a service dog before?				_
How long have you been considering using a s	service dog?			_
Do you have plans to move within the next fev	w years? If so), V	vhere to?	
Who else lives in your home?				_
<u>Name</u>	Age	<u> </u>	Relationship to you	



Does anyone	e else living in your hor	ne have	e a disability?		_
					_
Is there any	thing else unique abou	t your l	nome or visitors to yo	our home that you would I	ike to tell
					<u> </u>
	o you currently have? Species, breed	٨٥٥	Spayed or neutered?	Gets along with dogs?	7
Name	Species, breed	Age	Spayed of fledtered!	Gets along with dogs?	_
					_
					_
					-
Additional no	otes we should know a	bout yo	ur current pets:		
					_
A		اممانا	mata ta varu barraah	ماط	
Are you plan	ining on adding any ad	aitionai	pets to your nousen	OIQ?	
					_
Have vou tra	ained a dog before? If	so, tell	us a bit about it.		
		23, 66.1			
					- -
					_

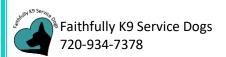


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MEDICAL RECOMMENDATION

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.



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Medical Recommendation Form

Patient:	DOB:	
it back to us directly at We maintain confidentialit with the client without you	Faithfully K9 Service Dogs 25587 Conifer Rd. Suite 105, #129 Conifer, CO 80433. Ly of our clients' records. We will not share this infour express permission. You may contact us at 970-11 if you have any questions.	ormation
	Specialty:	
Address:	Phone:	
_	patient:	
	able behaviors e shoes or socks	onship
	patient would benefit from having a service dog? W	hy or why
		Page 5 of 6



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?