

GENERAL INFORMATION

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

Applicant Name					
Address					
Apt / Unit #		City			
Province		Postal Code			
Mailing Address (if different from above)					
Apt / Unit #		City			
Province		Postal Code			
Home Telephone		Fax Number			
Email					
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Applicant's Date of Birth (dd/mm/yyyy)		Height	ft	in	Weight lbs

CONTACT PERSON INFORMATION

Name of contact person in case we are unable to reach you.

Contact Name		Home Telephone	
Relationship			
How did you hear about Dog Guides Canada?			

HOUSEHOLD INFORMATION

What are your current living arrangements?	<input type="checkbox"/> With Family <input type="checkbox"/> Independently <input type="checkbox"/> Group Housing
	<input type="checkbox"/> Other (Specify)

Please complete information for all persons living in your household:

Name	Relationship	Age	Occupation	Dog Allergies	Disabilities	Dog Experience			
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N
						<input type="checkbox"/>	Y	<input type="checkbox"/>	N

HOME SETTING

Type of home (i.e. condo/apt/town/etc.)	
Do you have a fenced yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not already fenced, would you be able to fence an area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," please describe how you would accommodate the dog's toileting and exercise needs?	
What type of area do you live in?	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural
Are the streets around your home (check all that apply)	<input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Combo
Are the sidewalks around your home (check all that apply)	<input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Combo

TRANSPORTATION

Please check if you <u>consistently</u> use the following forms of transport (Check all required options)	
<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane	
<input type="checkbox"/> Adapted Vehicle (describe)	
Please check if you <u>occasionally</u> use the following forms of transport (Check all required options)	
<input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane	
<input type="checkbox"/> Adapted Vehicle (describe)	
<input type="checkbox"/> Do not use any motorized form of transportation	

Due to the importance of the bond between a Diabetic Alert Dog Guide and their handler, it is our policy that there are no other dogs allowed to be living in the immediate household. If you currently have a dog, you may apply for a Diabetic Alert Dog Guide, however if you are accepted you must rehome your pet dog before we can place a Diabetic Alert Dog Guide.

PET AND DOG OWNERSHIP

Please list all pets that are currently in your home			
Animal Type (dog/cat/bird/etc.)	Breed (if dog)	Age (years)	Name

Please list all dogs that you have had in the past			
Breed	Years Lived	Breed	Years Lived

Have you had a service dog in the past?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of years in service?			
If Yes, where was it trained?			
May we contact this school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	
Reason for retirement?			
Have you ever been or are you subject to a court order banning you from the ownership of any animal(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHOOL DETAILS (if applicable)

What type of schooling does the applicant attend?		<input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University			
Full Time	hrs/week	Part Time	hrs/week		
If attending school, please indicate grade/year					
Name of School					
Address					
City		Province		Postal Code	

EMPLOYMENT DETAILS (if applicable)

Name of Employer					
Occupation					
Full Time	hrs/week	Part Time	hrs/week		
Describe the setting (downtown, highrise, shopping mall, etc.)					
Address					
City		Province		Postal Code	
Please name and describe anything at your workplace that may pose a hazard to a dog's health or well-being (loud machinery, odours, fluids, high frequency noises, etc.).					

LIFESTYLE INFORMATION

Please describe your activity level (how often you leave the house, typical places you go, etc.):	
Please list your hobbies, interests and volunteer work:	
Based on your personal lifestyle, how many hours per day will the dog be left alone?	
Do you do any travelling where the dog would be expected to accompany you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain	
Do you exercise regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you check your blood glucose levels before and after exercise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What dietary precautions do you use to manage your diabetes?	

DIABETES INFORMATION

Type of Diabetes:	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
Do you experience hypoglycemic unawareness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When were you diagnosed with diabetes?	
How many times on average do you check your blood sugar in a day?	
How does your low blood sugar affect your quality of life?	
What forms of treatment do you currently use?	
<input type="checkbox"/> Medication <input type="checkbox"/> Diet <input type="checkbox"/> Tablets <input type="checkbox"/> Insulin <input type="checkbox"/> Insulin Pump <input type="checkbox"/> Other (please list)	

HYPOGLYCEMIA

How often can you tell that your blood sugar levels are low based on symptoms?	<input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Sometimes
How often do you test when you have symptoms of low blood sugar?	<input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Sometimes
How often is your blood sugar reading below 4.5mmol/L? <i>(minimum of 2-4 lows per week to qualify)</i>	
Please describe any symptoms you may exhibit:	
Have you ever needed medical intervention due to low blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HYPERGLYCEMIA

How often can you tell that your blood sugar levels are high based on symptoms?	<input type="checkbox"/> Rarely <input type="checkbox"/> Often <input type="checkbox"/> Sometimes
How often is your blood sugar reading above 12mmol/L?	
Please describe any symptoms you may exhibit:	
Do you respond to/treat your high blood sugar levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever needed medical intervention due to high blood sugar?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER DISABILITY INFORMATION

Describe any other relevant disabilities:		
Cause:		
How long have you had these disabilities?		
Prognosis:		
Level of Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired (describe)	
Level of Vision	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired (describe)	
Quality of Speech (level/tone)		

Please rate yourself on the following options (Good, Fair, Poor)			
Body Part	Strength	Stamina	Range of motion
Upper Body			
Right Leg			
Left Leg			
Right Arm			
Left Arm			
Right Hand			
Left Hand			

SPECIAL SKILLS

Please rate the following skills (L=Low, M=Moderate, H=High, E=Essential)

<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Alerting you to sugar low
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Going for help / alerting others to hypoglycemic episode
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Barking for help during a hypoglycemic episode
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Staying with you during a hypoglycemic episode
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Activating an Emergency Call System
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	Fetching treatment (insulin kit, sugar, tablets, etc.)
	Other (please list below)
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	
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<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H <input type="checkbox"/> E	

CHARACTER REFERENCES

We require the names **AND** addresses including postal codes of two people, not relatives and your current veterinarian (if applicable) whom we can contact for character references.

THIS INFORMATION must be complete in order to process your application.

Please inform these individuals listed that they will be contacted.

Reference #1 Name					
Address					Apt # Unit #
City		Province		Postal Code	
Telephone					
Reference #2 Name					
Address					Apt # Unit #
City		Province		Postal Code	
Telephone					
Veterinarian Name					
Address					Apt # Unit #
City		Province		Postal Code	
Telephone					

In order to submit a complete application, please ensure that you have included the following:

- Completed Application Form
- Completed Medical Report Form from your physician
- Blood glucose levels for a 3 month period

DATA PROCESSING AND RELEASE STATEMENT

During your request for services we may need to contact or share information with other professionals involved in your care.

Dog Guides Canada respects your privacy. We protect your personal information and adhere to all legislative requirements in protecting privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide services to keep you informed and up-to-date on our activities. If at any time you wish to be removed from any of our mailings, simply contact us:

By phone at 1 (800) 768-3030, or (905) 842-2891

By email info@dogguides.com

RESPONSIBILITIES AND EXPECTATIONS

Dog Guides Canada has a code of conduct which sets out the standards of behaviour we expect from our staff. We also expect a similar level of courtesy from clients and have put together a short list of examples to demonstrate these standards:

- Mutual respect and courtesy
- Commitment and cooperation
- Patience and understanding, particularly when progress is slow and/or difficult
- Behaviour which is neither abusive nor threatening
- Behaviour which is tolerant and non-discriminatory

It is the responsibility of all clients and staff to report any failure to comply with this code of conduct. All such complaints will be viewed seriously and could result in either internal disciplinary action or the withdrawal of services.

PLEASE READ CAREFULLY BEFORE SIGNING

There are legal, moral and financial obligations involved with having a Dog Guide. Dog Guide teams are “ambassadors” who, through their actions, allow people to accept and welcome the presence of Dog Guides in public places. Your Dog Guide, as your partner and extension of your being, must work well, be well behaved, well-groomed and healthy.

Dog Guides are very special canines but they are still dogs and they must be cared for daily. They require relief several times daily in all kinds of weather and these relief areas must be cleaned immediately. They require time and effort daily for food and water, warmth, grooming, obedience training, skill training, play, and work.

Dog Guides incur expenses – e.g. feeding, annual vaccinations, medical tests as advised and twice yearly check-ups by a veterinarian. Veterinarian visits could be more often should a condition or illness warrant a professional. Check with a veterinary clinic in your area to determine costs and expenses you can expect for routine and emergency visits.

Dog Guides require a commitment in return for all of the wonderful, new and exciting experiences that you will experience as a team. Dog Guides require basic respect, praise for a job well done, discipline, love and creature comforts in order to be well adjusted, loyal, responsible, willing and healthy to lead you to untold freedom and independence.

From the time that we receive your application, all information will be kept confidential. As the applicant, you should understand that due to limited resources Dog Guides Canada will prioritize applicants and acceptance will be based on a review by the Dogs Guides Canada Application Committee. If in our assessment any of the information supplied on the application inaccurately represents your ability to care for and use the services of a Dog Guide, Dogs Guides Canada has the absolute discretion to cancel this agreement and any future agreements.

You are further advised that if accepted into the program, the training may be terminated at any point if it is felt that it affects the health and safety of the applicant.

You are further advised that Dogs Guides Canada assumes no liability in case of accident during the training program, upon graduation or during the time you are a working Dog Guide team.

During your stay in residence at the training centre, the student and the Dog Guide train together and begin to establish the bond that is necessary for a team to succeed. A good year of adjustment can be expected before the client and Dog Guide work together as a team.

Mandatory follow-up contact and communication between the graduate and Dogs Guides Canada training staff is maintained to ensure ongoing success. Dog Guide and obedience training must be maintained throughout the dog's working career.

All family members must obey instructions given by the trainer as to their contact with the Dog Guide and its management. Failure to follow instructions may result in the dog being returned to the training centre. It must be understood that a Dog Guide is a working dog, not a pet. Children and other people are not to interfere when the dog is in harness.

Our dogs are not trained to be guard dogs or attack dogs.

A Dog Guide is a valuable, trained dog and is not allowed to run loose. The dog must always be on leash.

Having a Dog Guide is a legal, moral and financial commitment for the life of the dog, which is about 10-12 years. Careful consideration must be given before accepting the responsibilities of a Dog Guide.

Dogs Guides Canada remains the legal owner of the Dog Guide. If proper procedure is not followed, Dog Guides Canada has the right to remove the dog.

By signing/typing name below, I agree that Dog Guides Canada may disclose my personal information (including health details) to assist in assessing and formulating a service delivery plan for me. I am obliged to contact Dog Guides Canada and inform them if there are any changes in my personal circumstances. I have completed the above application with the correct information and I understand that any false information or omission of information may delay and/or void my application to Dog Guides Canada. I have read and agree to the information listed in the

Data Processing and Release Statement.

Applicant Signature

Date

Signature of Parent/Legal Guardian,
or Power of Attorney

Date

Witness (name)

Date

LANDLORD/PROPERTY MANAGEMENT COMPANY

This letter acknowledges that I am aware of the fact that

Resident

is applying to Dog Guides Canada, and that I understand that a Dog Guide has the legal right to accompany the handler in all places available to the public. This includes but is not limited to: residential housing, places of employment and access to goods and services. By signing this form, I am aware that the above mentioned person may obtain a Dog Guide from Dog Guides Canada.

Name			
Title			

By signing/typing your name in the signature space below you are verifying that all information provided is accurate to the best of your knowledge.

Signature

Date

Company/Facility Name				
Address			Unit #	
City		Province		Postal Code
Telephone				
Email				

EMPLOYER/EDUCATION FACILITY

This letter acknowledges that I am aware of the fact that

Employee

is applying to Dog Guides Canada, and that I understand that a Dog Guide has the legal right to accompany the handler in all places available to the public. This includes but is not limited to: residential housing, places of employment and access to goods and services. By signing this form, I am aware that the above mentioned person may obtain a Dog Guide from Dog Guides Canada.

Name			
Title			

By signing/typing your name in the signature space below you are verifying that all information provided is accurate to the best of your knowledge.

Signature

Date

Company/Facility Name					
Address				Unit #	
City		Province		Postal Code	
Telephone					
Email					

FILMING RELEASE

By signing or typing, I hereby agree that Lions Foundation of Canada and Dog Guides Canada may film and photograph my in-home assessment to assist in determining my eligibility, my needs, and with the dog matching process. This information will be used solely by Lions Foundation Canada and Dog Guides Canada for internal purposes only.

Name	
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Signature

Date

Witness Name	
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Signature

Date