

Seizure Response Dogs Application Form

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

Name						
Address						
Apt / Unit #				City		
Province				Postal Code		
Mailing Address if different than above						
Home Telephone	()	-				
Alternate Number	()	-		ext		
Email						
Sex	Male	<input type="checkbox"/>		Female	<input type="checkbox"/>	
Date of Birth (dd/mmmm/yyyy)	/	/	Height	Ft.	In.	Weight lbs
Emergency Contact Name:				Phone #	()	-
Relationship						

HOUSEHOLD INFORMATION

What are your current living arrangements?	With family	<input type="checkbox"/>	Independently	<input type="checkbox"/>
	Group housing	<input type="checkbox"/>	Institution	<input type="checkbox"/>

Please complete information for all persons living in your household									
<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>	<u>Dog Allergies</u>	<u>Disabilities</u>	<u>Dog Experience</u>			
						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"/>
How many hours per day of attendant/family care do you use?									
How many visits per day?									

HOME SETTING

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

TRANSPORTATION

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

PET & DOG OWNERSHIP

Please list all pets that are currently in your home			
Animal Type (dog/cat/bird/etc)	Breed (if dog)	Age (yrs)	Name
Please list all dogs that you have had in the past			
Breed	Years Lived	Breed	Years Lived
1		2	
3		4	
5		6	
Have you ever owned a service dog in the past		Yes	<input type="checkbox"/>
If Yes, where was it trained?		No	<input type="checkbox"/>
Number of years in service?			
Reason for retirement			
Have you ever been or are you subject to a court order banning you from the ownership of any animal(s)?		Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>

SCHOOL DETAILS

Are you currently attending or planning to attend (check those that apply)	Elementary School:	<input type="checkbox"/>	Secondary School:	<input type="checkbox"/>
	College:	<input type="checkbox"/>	University:	<input type="checkbox"/>
	N/A	<input type="checkbox"/>		
Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Hours/week
If attending school, please indicate grade/year				
Name of School				
Address				
City		Province		Postal Code

EMPLOYMENT DETAILS

Occupation				
Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>	Hours
Name of employer				
Please describe your work setting (downtown, high-rise, mall, factory, etc...)				
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, slippery floors, etc...)				

LIFESTYLE INFORMATION

Please describe your activity level:	
Based on your personal lifestyle how many hours per day will the dog be left alone?	

Please list your hobbies, interests and volunteer work

--

DISABILITY INFORMATION

Describe your primary medical/physical disability

--

Cause

--

How long have you been disabled

--

Prognosis

--

What type of seizures do you experience? How often do you experience them?

--

Please describe your actions during a seizure. Do you require any assistance?

--

Level of Hearing

Normal

Impaired (describe)

--

Level of Vision

Normal

Impaired (describe)

--

Quality of speech (level/tone)

--

Please rate yourself on the following options (Good, Fair, Poor)

	<u>Strength</u>	<u>Stamina</u>	<u>Range of motion</u>
Upper Body			
Right Leg			
Left Leg			
Right Arm			
Left Arm			
Right Hand			
Left Hand			

Do you have problems with any of the following (check all that apply)

Balance	<input type="checkbox"/>	Brittle Bones	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	Cold Sensitivity	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Heat Sensitivity	<input type="checkbox"/>	Short term memory loss	<input type="checkbox"/>
Long term memory loss	<input type="checkbox"/>	Pain sensitivity	<input type="checkbox"/>	Skin sensitivity	<input type="checkbox"/>	Spasticity	<input type="checkbox"/>
Reaction time	<input type="checkbox"/>	Allergies (specify)					

Other (specify)											
Please list all assistive devices that you use											
Do you use a wheelchair?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Controls on		Right	<input type="checkbox"/>	Left	<input type="checkbox"/>
Weight of chair		lbs		Type of battery							
Do you have a Lifeline/Emergency Call System						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

List all medications, prescription & non-prescription, that you are presently taking (attach extra sheet if extra space required)				
<u>Drug</u>	<u>Prescribed</u>	<u>Dosage</u>	<u>How often</u>	<u>Treating what condition?</u>

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 the individuals listed that they will be contacted.

Reference #1

Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Phone number	() -		

Reference #2

Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Phone number	() -		

Reference #3 (Veterinarian if you currently have one)

Name			
Address			
Apt / Unit #		City	
Province		Postal Code	
Phone number	() -		

SKILLS REQUESTED

Please rate the following skills using the listed ratings

Low / Medium / High / Essential

Going for help / alerting others to seizures	
Barking for help	
Staying with you during the seizure	
Operating a lifeline/Emergency Call System	
Fetching portable phone, after seizures	
Steady you, if needed during seizures	
<u>Other: Please list below</u>	

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, or 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. 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 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 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 Dogs 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 are 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, 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 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 and I have read and agree to the information listed in the

Data Processing and Release Statement

Applicants Signature	Date
Signature of Parent/Legal Guardian, or Power of Attorney	Date
Witnessed by	Date

**RETURN APPLICATION TO:
SEIZURE RESPONSE DOG GUIDES
P.O. BOX 907
OAKVILLE, ON
L6J 5E8**

Landlord/Property Management Company

This letter acknowledges that I am aware of the fact that

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: (print) _____

Title: (print) _____

Signature: _____

Date: _____

Company/Facility name: _____

Address: _____

Phone/email: _____

Employer/Education Facility

This letter acknowledges that I am aware of the fact that

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: (print) _____

Title: (print) _____

Signature: _____

Date: _____

Company/Facility name: _____

Address: _____

Phone/email: _____

FILMING RELEASE

Date: _____

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 (please print)

Signature

Witness (print)

Witness Signature

Seizure Response Dogs Medical Report Form To be completed by Physician

*Please **PRINT/TYPE** and complete **ALL** parts of this form as we are unable to process applications that are not complete and/or are illegible.*

Date			
Applicants Name			
Please release to Dog Guides Canada information regarding my health. This information will only be used to evaluate my situation in making a successful canine placement and will be respected by Dog Guides Canada as confidential medical information			
Applicants Signature		Date	
(or) Signature of Parent/Legal Guardian or Power of Attorney		Date	

PLEASE PRINT LEGIBLY OR TYPE

Physicians Name			
Physicians Specialty			
Address			
Province		Postal Code	
Telephone			

MEDICAL INFORMATION

Diagnosis of patient's disability. (continue on reverse if necessary)					
Primary					
Describe disability					
Secondary					
Describe disability					
Please explain limitations and additional pertinent information					
Are two or more limbs impaired?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "yes" to above - explain					
Prognosis and effect of the condition on the individuals ability to perform Activities of Daily Living (ADL)					
Is your patient affected by any of the following? (Please check all the apply)					
Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Speech Impediment	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>

Infantile Paralysis	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	Impaired Vision	<input type="checkbox"/>
HIV	<input type="checkbox"/>	Nervous Disorders	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Convulsive Seizures	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Limited Mobility	<input type="checkbox"/>
Short Term Memory Loss	<input type="checkbox"/>	Long Term Memory Loss	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Coordination Problems	<input type="checkbox"/>	Reduced Stamina	<input type="checkbox"/>	Spasticity	<input type="checkbox"/>
Muscular Weakness	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Skin Sensitivity	<input type="checkbox"/>	Imbalance	<input type="checkbox"/>	Brittle Bones	<input type="checkbox"/>

PLEASE LIST **ALL** MEDICATIONS CURRENTLY PRESCRIBED TO YOUR PATIENT

Medication	Dosage	Condition or Illness	Side Effects Experienced	Self Administered			
				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	<input type="checkbox"/>
				Y	<input type="checkbox"/>	N	<input type="checkbox"/>
				Y	<input type="checkbox"/>	N	<input type="checkbox"/>

Does your patient	1 = Low 10 = High
Exercise judgement and make decisions necessary for ADL?	
Have sufficient perception and memory to sustain ADL?	
Have the ability to follow directions to learn necessary ADL?	

Have the ability to make decisions for own or other's needs and safety	
------------------------------------------------------------------------	--

Additional comments regarding patients disability and/or suitability for a Dog Guide

--

--	--

Physicians Signature	Date
----------------------	------

Seizure Response Dog Guides Neurological Report Form (Section 3) To be completed by Neurologist

*Please **PRINT/TYPE** and complete **ALL** parts of this form as we are unable to process applications that are not complete and/or are illegible.*

Date			
Applicants Name			
Please release to Special Skills Dogs of Canada information regarding my health. This information will only be used to evaluate my situation in making a successful canine placement and will be respected by Special Skills Dogs of Canada as confidential medical information			
Applicants Signature		Date	
(or) Signature of Parent/Legal Guardian or Power of Attorney		Date	

PLEASE PRINT LEGIBLY OR TYPE

Physicians Name			
Physicians Specialty			
Address			
Province		Postal Code	
Telephone			

MEDICAL INFORMATION

Diagnosis of patient's disability. (continue on reverse if necessary)					
Primary					
Describe disability					
Secondary					
Describe disability					
Please explain limitations and additional pertinent information					
Prognosis and effect of the condition on the individuals ability to perform Activities of Daily Living (ADL)					
Is your patient affected by any of the following? (Please check all the apply)					
Infantile Paralysis	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
HIV	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>
Convulsive Seizures	<input type="checkbox"/>	Impaired Hearing	<input type="checkbox"/>	Impaired Vision	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	Nervous Disorders	<input type="checkbox"/>	Stroke	<input type="checkbox"/>
Short Term Memory Loss	<input type="checkbox"/>	Fainting Spells	<input type="checkbox"/>	Hernia	<input type="checkbox"/>
Coordination Problems	<input type="checkbox"/>	Polio	<input type="checkbox"/>	Limited Mobility	<input type="checkbox"/>

Muscular Weakness	<input type="checkbox"/>	Long Term Memory Loss	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Skin Sensitivity	<input type="checkbox"/>	Reduced Stamina	<input type="checkbox"/>	Spasticity	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Chronic Pain	<input type="checkbox"/>	Depression	<input type="checkbox"/>
Speech Impediment	<input type="checkbox"/>	Imbalance	<input type="checkbox"/>	Brittle Bones	<input type="checkbox"/>

PLEASE LIST <u>ALL</u> MEDICATIONS CURRENTLY PRESCRIBED TO YOUR PATIENT							
Medication	Dosage	Condition or Illness	Side Effects Experienced	Self Administered			
				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	<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"/>
Does your patient				1 = Low 10 = High			
Exercise judgement and make decisions necessary for ADL?							
Have sufficient perception and memory to sustain ADL?							
Have the ability to follow directions to learn necessary ADL?							
Have the ability to make decisions for own or other's needs and safety							

Additional comments regarding patients disability and/or suitability for a Dog Guide

--	--

--	--

--	--

Neurologists Signature	Date
------------------------	------