



Dear Applicant,

Enclosed you will find the application package that you requested from Canine Assistants. Please return your completed application to our office at 3160 Francis Road, Alpharetta, Georgia 30004, ATTN: Judy. If you need additional information, feel free to call me at (770) 664-7178 ext. 203 or (800) 771-7221.

A COMPLETED APPLICATION MUST INCLUDE ALL OF THE FOLLOWING:

1. The completed Program/Application form.
2. The Medical History form completed by your physician or primary care specialist.
3. A letter of personal reference from a friend, co-worker, teacher or anyone other than a family member.
4. A professional letter of reference from a therapist, social worker, teacher or other professional with whom you have contact.
5. A picture of yourself and short autobiography.

When we receive your completed application package that will complete the first step of the application process. The second step is an interview, either in person or over the phone. The interview is crucial in helping us understand your need, personality, and lifestyle when we finally match you with a dog. The last step is the most difficult. It is our waiting list. Your wait may be several months to several years. Choosing a recipient has many variables including your diagnosis and our sponsorship. We are, however, growing quickly and will place about forty dogs next year.

Thank you for your understanding. Please do not hesitate to call me with any questions you may have.

Sincerely,

Judy Moore-Padgett
Recipient Services Coordinator

APPLICATION FOR SERVICE / COMPANION/ SEIZURE RESPONSE DOG

Date: _____

Name: _____

Address: _____

Telephone: (H) _____ (W) _____
(E-Mail) _____

If you do not live in a metropolitan area, please tell us the major city closest to you and describe where it is in relation to your home. _____

Date of Birth: _____

Are you male or female? _____

Name of Nearest Relative: _____
Relationship: _____
Phone Number(s): _____
Address: _____

Marital Status: Single _____ Married _____ Divorced _____

What is your primary disability: _____

What caused your disability and at what age?

Please list any secondary disabilities, if any: _____

Is your disability progressive? _____

What is your approximate height and weight? _____

Please check all that apply:

What are the effects of your disability?

- Deafness Speech Impairment Reduced Stamina Hearing Loss
- Coordination Problems Limited Mobility Memory Loss Spasticity
- Slowed Development Vision Impairment Muscular Weakness
- Other: _____

Do you have any problems with....

- Allergies Chronic Pain Heightened Emotions Depression
- Skin Sensitivity Balance Brittle Bones Heat/Cold Sensitivity
- Seizures- if yes, what type and how often? _____

Also, what treatments or medications are you using or have you used to control your seizures?

Do you use any of the following aids or assisting devices?

- Prosthesis Leg Brace Electric Wheelchair Manual Wheelchair
- Wrist Brace Hearing Aid Crutch/Cane Walker
- Other: _____

Are you active in the military, a veteran, or a dependent of an active member of the military or veteran? If yes, please explain. _____

Primary Care Physician, PT, OT and/or Other Health Professional Important to Your Care
(Please list with phone numbers):

Housing: Home _____ Apartment _____ Other (Describe): _____
 Yard _____ With Fence _____ Without Fence _____

Living Arrangement (Please list all those living with you):

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have an attendant? _____ Full-Time _____ Part-Time _____

Please describe your home and your neighborhood (i.e., quiet, lots of visiting children, close to retail/commercial, suburban, rural, lots of traffic, etc.):

Have you ever had a dog? Describe your experience with your dog: _____

Do other animals live with you or visit you frequently? If so, please describe (including breed, sex & age). Who is responsible for the care of these animals? _____

Who will assist in the daily care and training of your dog, if appropriate? _____

Does anyone in your household have concerns about having a service/companion dog in their home? If so, please describe: _____

Are you (or anyone in your household) allergic to animals? _____

Are you (or anyone in your household) concerned about fleas, shedding? _____

Are you currently employed? If so, do you want your dog to assist you while at work? In what way? _____

Have you discussed with your employer / coworkers having a dog in the workplace? Are they supportive? _____

Are you currently in high school? If so, do you want your dog to assist you while in school? In what way? _____

Have you discussed with your principal / teachers having a dog in school? Are they supportive? _____

Pick five of the following words that would best describe the dog you would like to have.

- | | | | | |
|-----------------------------------|-------------------------------------|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> slow | <input type="checkbox"/> playful | <input type="checkbox"/> slow | <input type="checkbox"/> calm |
| <input type="checkbox"/> willing | <input type="checkbox"/> attentive | <input type="checkbox"/> energetic | <input type="checkbox"/> sensible | <input type="checkbox"/> responsible |
| <input type="checkbox"/> smart | <input type="checkbox"/> protective | <input type="checkbox"/> dependable | <input type="checkbox"/> stable | <input type="checkbox"/> confident |
| <input type="checkbox"/> happy | <input type="checkbox"/> sweet | <input type="checkbox"/> easy going | <input type="checkbox"/> independent | <input type="checkbox"/> assertive |
| <input type="checkbox"/> devoted | <input type="checkbox"/> submissive | <input type="checkbox"/> friendly | <input type="checkbox"/> dependent | <input type="checkbox"/> loving |
| <input type="checkbox"/> trusting | <input type="checkbox"/> excitable | <input type="checkbox"/> communicative | | |

Pick five of the following words that would describe traits you would **not** like to have in a dog.

- | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted | <input type="checkbox"/> slow | <input type="checkbox"/> calm |
| <input type="checkbox"/> playful | <input type="checkbox"/> manipulative | <input type="checkbox"/> stubborn | <input type="checkbox"/> protective | <input type="checkbox"/> resistant |
| <input type="checkbox"/> jealous | <input type="checkbox"/> fearful | <input type="checkbox"/> excitable | <input type="checkbox"/> assertive | <input type="checkbox"/> submissive |
| <input type="checkbox"/> joking | <input type="checkbox"/> foolish | <input type="checkbox"/> dependent | <input type="checkbox"/> no-nonsense | |

Describe your means of transportation: _____

Please send along:

- (1) A short autobiography
- (2) A recent photo of yourself
- (3)

Applicant Signature: _____ Date: _____

Please return to: Canine Assistants 3160 Francis Road Alpharetta, Georgia 30004