

Service Dog Application

Summer 2017



406 Barth Ave SE Grand Rapids, MI 49503 616-264-2532

Please Read The Following Before Applying

A Pleasant Dog trains for the following client types:

- Individuals with mobility issues such as paralysis, MS, TBI, amputations
- Individuals with autism ages four or older
- Individuals with PTSD, anxiety, and/or depression
- Individuals who are deaf
- Individuals who experience seizures (at least 4/month)
- Individuals with diabetes

Currently, A Pleasant Dog is unable to provide service dogs for the following:

- Low vision, or individuals who are blind
- Individuals with mental health diagnosis such as, schizophrenia, bi-polar disorder, borderline personality disorder, etc.
- Individuals under the age of four.

If you have any questions about your eligibility for A Pleasant Dog's service dog program, please contact us at: **616-633-6323** You are also welcome to visit A Pleasant Dog's website.

A Pleasant Dog (APD) does not discriminate on the basis of race, color, creed, national origin, sex, age, religion, marital status, sexual orientation, gender identity or expression, veteran status, HIV/AIDS status, physical or mental disability for the purpose of service, employment, membership, volunteering, or leadership.

APPLICATION CHECKLIST

Your application will be reviewed and an interview scheduled when all information has been received.

\$25 Application Processing Fee

Part A - Client Application

Part B – Background Check

Part C

- o A Photo of the Applicant
- A DVD or Video of Applicant's home
- A Meaning and Function of a Service Dog Essay

Please explain why you feel a service dog would be beneficial. Which of your daily activities could be accomplished more easily and independently with the help of a service dog? How do you feel a service dog could help you other than with physical tasks? What do you feel you will be able to offer the dog in return?

- - A Description of Applicant Essay

The purpose of this essay is to enable A Pleasant Service Dog (APSD) to understand your physical traits, lifestyle, disability, activities and personality. Through a detailed description of yourself, your home, your family, and your activities, we can better establish the suitability of your situation for a service dog. Please be as precise and comprehensive as possible. Use as much space as you feel necessary for us to get to know you!

- - o Two Letters of Recommendation

Part D - Medical Form

Please review the application instructions before completing this form. Your application will be reviewed and an interview scheduled when **all** information has been received.

Part A - Client Application, completed by client, a Video of your home and environment (still photos are fine if providing a video is difficult), two letters of recommendation and a \$25.00 application fee.

Part B - Medical Form, completed by your physician or therapist, describing your disability.

APPLICATION PART A

Date _____

First Name _____ MI ____ Last Name _____

Date of Birth _____ Age ____ Height _____ Weight _____ Gender: _____

Address _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ E-mail _____

Name of Nearest Relative _____ Relationship _____

Address of Relative

Street City State Zip

Relative's Home Phone Number _____ Work Phone _____

This application must be **IN THE WORDS OF THE PERSON WHO WILL USE THE DOG.**

If writing is difficult for you, provide name and relationship of person transcribing your words.

Name _____ Relationship _____

How did you learn about APD? _____

Have you applied for a service dog from another program? _____

Race/Ethnicity: White Black Hispanic/Latino Asian Other

American Indian/Alaska Native Native Hawaiian/Pacific Islander

Please select from the following list the type of dog that would be best for your current situation:

Service Dog

A service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access.

A service dog can be placed with a client that is at least 16 years of age or older and is capable of handling the dog in public without assistance.

A Pleasant Dog will pick your puppy for you. The cost of the puppy is not included in the cost of training your service dog.

The cost of **training** your service dog is a flat rate of \$8000. We require a \$1500 down payment at the time of acceptance as a client, and monthly payments being due thereafter. Training includes 3 group classes (puppy, adult 101, and intermediate), 2 days of training per week at A Pleasant Dog (in Grand Rapids), Public access training with one of our trainers, all equipment required (including cape), and the Public Access certification.

Service Dog - 3rd Party

A 3rd party service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access providing that a parent or guardian is with the client at all times when in public. Third party service dogs are available to clients that are between the ages of 4-18 or unable to handle a dog in public without assistance from a guardian or caregiver.

Skilled Companion Dog

A skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home. **IF YOU ALREADY HAVE A DOG**, this is the option for you. Cost is à la carte; \$75/session. We require 2 days a week at A Pleasant Dog (Grand Rapids location), as well as taking Adult 10, Intermediate, and Canine Good Citizen (CGC). Classes are posted monthly online on our website www.apleasantdog.com, and are also à la carte. The rates for these classes can be found online when registering.

Skilled Companion Dog - 3rd Party

A 3rd party skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home. A third party skilled companion dog is available to clients that are between the ages of 4-18 or unable to handle a dog in the home without assistance from a guardian or caregiver.

A Pleasant Dog strives to provide a supportive environment for our clients. We adhere to Assistance Dogs International's policy of "Standards and Ethics Regarding Clients" throughout our program and amongst all of our staff.

A Pleasant Service Dog assists people with primary mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. APSD may also provide service dogs for children with autism, as well as individuals with seizure disorders, blood sugar disorders, or those with significant hearing impairment.

Please describe in detail your disability. Please include date of diagnosis, equipment you may need or use, How your disability affects your daily life, etc.

Do you have any other diagnosis, including mental health diagnosis?

How long have you been disabled?

If disability was caused by injury, what progress has been made post injury?

Is your disability progressive? Yes ___ No ___

Please indicate the devices that you use: Wheelchair: manual power both

Crutches Cane 3-wheel electric scooter Sip and puff

Other _____

Which do you use most often? _____

Do you drive? _____ Take a bus? _____ Cab? _____ Other? _____

Describe your physical strengths and abilities. (Circle one number for each limb.)

Left **No Use** <-----> **Full Use**

Hand Strength 1 2 3 4 5 6 7 8 9 10

Dexterity 1 2 3 4 5 6 7 8 9 10

Arm Strength 1 2 3 4 5 6 7 8 9 10

Upper-Body Strength 1 2 3 4 5 6 7 8 9 10

Leg Strength 1 2 3 4 5 6 7 8 9 10

Leg Control 1 2 3 4 5 6 7 8 9 10

Right. **No Use** <-----> **Full Use**

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

How often do you fall? _____

Can you catch yourself when you fall, or do you fall like a tree? _____

Please rate: (On a scale of 1=Poor – to – 10=Normal)

Your Speech? ___ Easily understood ___ Tone variation ___ Volume

Do you use a word board? Yes No Other _____

Your Vision? ___ Do you use corrective lens? Yes No

Do you need? Large font Audio tape Note taker Other _____

Your Learning Ability? ___ Need assistance, namely _____

Your Hearing? ___ Hearing Aid ASL _____

Do you spend a major part of your day in bed? Yes _____ No _____

If yes to the above, how long? _____

How do you handle the following?

Routine medications By yourself Assisted Provided by others

Your finances, checkbook	By yourself	Assisted	Provided by others
Housecleaning:	By yourself	Assisted	Provided by others
Meals	By yourself	Assisted	Provided by others
Getting dressed	By yourself	Assisted	Provided by others
Shopping; groceries, etc.	By yourself	Assisted	Provided by others
Personal Care	By yourself	Assisted	Provided by others

What personal attendants (including family members) do you use?

Personal Care Aide:

Cooking Cleaning Medical Other _____

Describe how many attendants and how often? (Daily, weekly?)

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and **anything** that might help us understand your needs.

What work, school, or rehabilitation program(s) have you completed?

What is your current work or school schedule?

What are your plans for work or school?

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

No Yes

If so, how are they disabled and what are their limitations?

Please describe your home and yard.

Is your yard fenced? No Yes

If yes, how high is your fence? _____

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your dog?

Yes No

What pets do you have now? Describe type and age.

Veterinarian's name and phone number.

If you have a dog now, would you be willing to give up your present dog, **if it cannot** get along with an APSD dog? Yes No (Explain)

If your present dog is not well-mannered, are you willing to train your dog before you receive your APSD dog? Yes No (Explain)

What dogs have you had before? Describe what kind and how old you were.

Have you ever re-homed a pet? If so, what was the reason?

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your APSD dog?

How will you handle the care of your APSD dog if you are hospitalized?

Will it be difficult for you?

- | To bring your dog to training twice weekly? Yes No
- | To limit your calendar for the 30-day bonding period? Yes No
- | To attend Obedience Class (classes listed monthly on APD website)? Yes No

Please explain any Yes answer

Living with A Pleasant Service Dog or Skilled Companion Dog

Do you agree to the following conditions?

| That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.

Yes No, explain

| That APSD dog will spend most of their time **with their partner** at home AND at work, at school, and social events if he/she is certified for public access and that no APSD dog will be in a yard or kennel for long periods of time.

Yes No, explain

| That an APSD Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.

Yes No, explain

| That you and your dog are ambassadors for A Pleasant Service Dog, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.

Yes No, explain _____

| That an APSD dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.

Yes No, explain _____

| That you must assume full responsibility as caretaker of your APSD dog, in charge of their safety, health, and welfare. Their needs include:

♣ **Medical care** – all care prescribed by your veterinarian and routine annual care as directed by APSD. Yes No, explain

♣ **Nutritional care** – including use of a good quality dog food and maintaining your dog's proper weight. Yes No, explain

♣ **Daily exercise and play** Yes No, explain

| That you assume full responsibility for maintaining appropriate training and behavior, annually updating your ADI public access certification or Canine Good Citizen certification as applicable. You must maintain identification for public access, if applicable. Yes No, explain

| That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog. Yes No, explain

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any 'No' answer.

Signature of Applicant _____ Date _____

Finance Worksheet – Planning For Your Dog

The below questions are meant for you to think critically about the financial impact a service dog may have on your life. APSD does require that our clients assume the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost? Yes No, explain

- Although the above amount of \$2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from \$2,000-\$4,000 for surgery and post-operative expenses. Please describe how you would proceed.

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much to spend? \$ _____

- Would you ever consider euthanasia due to medical costs?

- Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:

Source of Income

Professional Self-Employed Government Benefits Other

If you are employed, please describe your work: _____

Number of years in current place of work: _____

Monthly Income: \$ _____

Please estimate the following expenses on a **Monthly** basis where applicable:

- Rent/Mortgage \$ _____
- Utilities \$ _____
- Medical Care \$ _____
- Car Payments \$ _____
- Credit Card Payments \$ _____
- Expenses for other animals in your home \$ _____

Please take a moment to think critically about your monthly expenses and budget. Using this information and your current income, please fill out the following “Finance Worksheet” using your best estimates and research to map out what you can afford on a **MONTHLY** basis for your dog.

- Dog food: \$ _____ (You can estimate that your dog will eat between 2-4 cups of dog food per day, depending on the size of the dog).
- Treats: \$ _____
- Toys: \$ _____
- Grooming: \$ _____ (this cost will vary dramatically based on the type of dog you get. If you have specifically requested a poodle or poodle mix, this cost will be higher).
- Savings towards veterinary expenses: \$ _____

Return Part A of the **Client Application and your Video** to:
A Pleasant Dog, 406 Barth Ave SE, Grand Rapids MI, 49503
If you have questions, call us at (616) 633-6323

Application Part B – Background Check

For us to completely process your application and schedule an interview, we will need a completed background check. Please fill out the information below. We will run the background check for you and destroy the sheet containing your SSN. Please type or print clearly.

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____

Email: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Current Address:

Country: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Moved In: _____

Have you ever been convicted of a crime? A conviction will not necessarily bar you from receiving a dog.

Yes No

If yes, please describe:

Application Part C

Video Outline

Please provide a 10-15-minute video **in DVD format** and submit with Part A of your application. Include the following information and label the video with your full name. If video equipment is unavailable to you, still photos are fine, be sure to address **ALL** the items listed below.

Your video is critical. APSD reviews it frequently during the placement process:

- a. **Initially**, to see **IF** we can train a dog for your needs and accept you as a client
- b. **When matching teams**, to evaluate whether a dog in training fits your lifestyle and your needs
- c. **During custom-training** of the dog to meet your needs

1. Describe yourself

- Name and address.
- Tell us about your family, friends, and personal attendants.
- Tell us about your pets (past and present).
- Describe your daily routine – work, school, and other activities.

2. Describe your disability – Tell us about:

- The history of your disability.
- Your accomplishments.
- Your limitations.
- Your activity level.
- Your daily routine.

3. Demonstrate your mobility level

- Show us how you move around inside your home and workplace or school.
- Show us how you use your adaptive equipment.
- Show us how you transfer.
- Show us your mode of transportation outside your home.

4. Describe what your dog would do

- How do you think a dog will be able to help you?
- What skills would you need?
- What are your expectations of an assistance dog?
- Do you currently have or have you ever had a service dog? If so:
 - a. Where did you get your service dog (organization, private trainer, self-trained, other)?
 - b. How many years did the dog work with you?
 - c. If you still have the dog, show your service dog interacting with you.

5. Show your environment

- Home – Video the interior and exterior of your home, your yard (including any fencing), and your neighborhood (where you might walk with your dog)
- Show your interaction with any present pets you may have.

- Other – Video your work, school, recreational and/or social environment

Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. We will need a physical letter from both people either included with the application or sent separately to A Pleasant Dog.

- 1) Personal (not a relative)
- 2) Professional (therapist, doctor).

Please send letters of recommendation to:

A Pleasant Dog
406 Barth Ave SE
Grand Rapids, MI 49503
get@apleasantdog.com

1. _____

2. _____

**Client Application Part D
Medical History Form**

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to FSD.

Patient's Last name: _____ First: _____ Sex: ____ Date of Birth: _____

Release of Medical Information
This authorizes you to release information regarding my condition to A Pleasant Dog. This information will be used to evaluate and assess my situation and is essential for APSD to train a service dog to increase my independence. All information is confidential.
Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.
Printed name _____ Date _____
Signature _____
Relationship or title and agency _____
Agency address and phone number _____ _____ _____

To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact A Pleasant Dog, LLC at (616) 264-2532. Please mail the completed form to:

A Pleasant Dog
406 Barth Ave SE
Grand Rapids, MI 49503

Practitioner's Name: _____ **Specialty:** _____

Address:

Telephone: _____ Fax: _____

Date of last examination: _____ Length of association with patient: _____

What is patient's primary diagnosis?

What other conditions/diagnoses does the patient have?

Prognosis for duration of impairment(s):

Prognosis for progression of impairment(s):

Prognosis for lifespan:

Medications taken on a regular basis (please list):

How severe is the patient's mobility impairment? (Please circle)

<u>None</u>		<u>Needs assistive device</u>		<u>Needs full-time care</u>
1	2	3	4	5

How severe is the patient's visual impairment? (APD does not train dogs to assist visual impairment.)

<u>None/correctible with glasses</u>		<u>Needs assistive device</u>		<u>Blind</u>
1	2	3	4	5

How severe is the patient's auditory impairment?

<u>None</u>		<u>Needs assistive device</u>		<u>Deaf</u>
1	2	3	4	5

How severe is the patient's cognitive impairment?

<u>None</u>		<u>Often needs assistance</u>		<u>Needs full-time care</u>
1	2	3	4	5

Do limitations affect patient's ability to control his/her own behavior?

<u>Normal</u>		<u>Moderate</u>		<u>Poor self-control</u>
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

<u>Ineffective</u>		<u>Moderate</u>		<u>Very competent</u>
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc?

<u>Unreliable</u>		<u>Moderate</u>		<u>Very reliable</u>
1	2	3	4	5

To what degree do limitations affect patient's ability to perform Activities of Daily Living* (ADL):

<u>Normal</u>		<u>Moderate</u>		<u>Totally reliant</u>
1	2	3	4	5

* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

Cognitive and Emotional Evaluation of Patient:

	<u>Yes</u>	<u>Minimally</u>	<u>No</u>
A. Able to exercise judgment and make decisions necessary for ADL	___	___	___
B. Able to sustain attention span	___	___	___
C. Manifesting inappropriate behavior beyond his/her control	___	___	___
D. Able to control physical or motor movement sufficient to sustain ADL	___	___	___
E. Capable of perception & memory to the degree necessary to sustain AD	___	___	___
F. Able to follow directions and learn to the degree necessary to sustain ADL	___	___	___
G. Under medication which impairs functioning	___	___	___
H. Capable of decisions about personal and others' needs and safety	___	___	___
I. Does the patient suffer from suicidal tendencies?	___	___	___

Please explain in detail including any prior attempts:

Is in capacity due to or affected by patient's alcoholism or drug abuse? Yes No

IF YES:

A. Has patient ever been in treatment facility? Yes No

If yes, when and duration?

B. Has permanent damage resulted? Yes No

C. Has patient refused treatment or referral to a treatment center? Yes No

A Pleasant Service Dogs may be skilled at the following tasks:

- Manners and obedience
- Retrieve dropped articles
- Push Lifeline or 911 button
- Find and retrieve phone
- Find help
- Retrieve from refrigerator
- Push handicap buttons
- Enhance balance while walking
- Enhance balance while going up or down stairs
- Provide brace for transfers or getting up from floor/chair
- Assist in pulling wheelchair
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take items to another person

- Turn lights off and on
- Open and close doors
- Provide emotional support
- Provide physical pressure to (on) a person
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off
- Alert a person to sounds (alarm clock, phone, smoke alarm)
- Provide relief /alleviate anxiety through petting, deep pressure
- Alert and assist when a person's blood sugar is too low or too high
- Alert to elopement, body block from elopement

A Pleasant Service and/or Skilled Companion Dogs have good manners and basic obedience. Their job is to aid with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving an APSD dog? If so, please describe:

Can you recommend that this patient receive an A Pleasant Service Dog? Yes No
Why or Why Not?

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate \$2000/ yearly) No Yes

May we contact you with questions? No Yes

Signature of physician or therapist: _____

Date: _____

**Mail to: A Pleasant Dog
406 Barth Ave SE
Grand Rapids, MI 49503
Call: 616-264-2532
www.apleasantdog.com**