



DOGS WITH WINGS
ASSISTANCE DOG SOCIETY

DOGS WITH WINGS ASSISTANCE DOG SOCIETY

COMPANION DOG

CLIENT APPLICATION FORM

PERSONAL INFORMATION

Date: _____

Name: _____ Date of Birth: _____ Male Female

Physical/Medical Disability: _____

Address: _____ E-mail: _____

City: _____ Province: _____ Postal Code: _____

Home #: _____ Work #: _____ Cell #: _____

Emergency Contact Name: _____ Phone #: _____

Canadian Citizen or Permanent Resident Yes No If no explain: _____

How long have you resided in Alberta: _____

HOME ENVIRONMENT

What are your current living arrangements?

Living independently With family Group housing Other _____

Complete this chart if you live with others:

NAME	RELATIONSHIP	AGE	OCCUPATION	ALLERGIES	DISABILITIES	EXPERIENCE WITH DOGS

How many hours per day of attendant/family care do you use? _____

How many visits per day? _____

Is your entire family committed to the idea of having a companion dog? Yes No

If no, please describe: _____

HOME ENVIRONMENT cont'd

Do you rent or own your home? Rent Own

If you rent: Does your landlord know that you are applying for a companion dog? Yes No

Are you allowed to have pets where you live? Yes No

Do you currently have any pets? Yes No

If yes, please list type of pet(s) and age(s): _____

Describe your home and yard (i.e. type of home, fenced yard, etc.): _____

Describe your neighborhood (i.e. busy road, quiet residential, dogs/cats running free, etc.): _____

Do you plan to move in the near future? Yes No

If yes, when and where? _____

LIFESTYLE

Describe your physical/medical disability: _____

What was the cause of your disability? _____

How long have you had your disability? _____

LIFESTYLE cont'd

Check the appropriate response:

I can walk: Not at all Only with support Short distances Walking isn't an issue

My speech is: Clear Slightly slurred Difficult to understand

My voice is: Loud Average Soft

How would you describe your activity level? Low Moderate High

Do you use assistive devices? Yes No

If yes, please list _____

Do you use a wheelchair? Manual Electric Controls: Right Left

Describe your daily activities (i.e. work, school, shopping, Church, etc.): _____

Based on your personal lifestyle, how many hours per day will the dog be left alone? _____

GENERAL INFORMATION

How did you hear about Dogs with Wings Assistance Dog Society? _____

Describe the ways you believe a companion dog can assist you in your daily life (attach more pages if needed):

GENERAL INFORMATION cont'd

Do you have any special requests for qualities or skills in a companion dog? Explain: _____

If eligible for a dog, are you able to dedicate 4 days to our Team Training session, in Edmonton, AB and/or your home? Yes No

Comments: _____

DOG CARE

On average, providing for a companion dog can cost between \$1000-\$1500 per year. This includes high quality food, veterinary care, equipment such as leashes and collars, as well as toys and treats. It is also mandatory that you get pet insurance, which can cost \$25-\$50 per month, depending on the deductible. Are you willing and able to commit to the cost of owning a companion dog? Yes No

Having a companion dog join your family is a long term commitment. Are you prepared for the responsibility of caring for the life and wellbeing of a companion dog for the next seven to ten years? Yes No

Any comments _____

FUNDRAISING

Dogs with Wings relies solely on the fundraising efforts of our staff, volunteers and clients in order to continue supplying quality trained service dogs at no cost to families. It can cost approximately \$40,000.00 to raise, train, place, and provide follow up care for each dog. If you are able to assist us in this important work, we are anxious to talk to you about it. The DWW staff are always available to assist you in planning and executing any fundraiser venture. However, it is important for you to understand that you are not required to raise any money at all for Dogs with Wings, and your inability to assist us in this regard has played no part whatsoever in assessing your application, or in the decision to place a companion dog with you.

Are you interested in assisting DDW in fundraising events? Yes No

Do you have any fundraising ideas, or other information or concerns that you would like to share that might assist Dogs with Wings in the acquisition of funding? _____

Thank you for your interest in Dogs with Wings Assistance Dog Society

Please print then sign name of the person filling out this. The signature below serves as evidence that the supplied the information to the best of their knowledge, it is current and accurate.

Name

Signature

Date Signed

Please be sure that you have included the following information when you return your application form:

- Authorization for Release of Information Form
- Photograph Checklist
- References
- Schedule Information
- Application Processing Fee of \$50.00
- Medical Report
- Criminal Record Check

Return Application Form to:

Dogs with Wings Assistance Dog Society
11343 – 174 Street N.W.
Edmonton, AB T5M 3E9
(780) 944-8011 or 1-877-252-9433
Fax: (780) 944-9571
elisa@dogswithwings.ca

PHOTOGRAPH CHECKLIST

We request photographs in order to make sure that your home is an appropriate environment for a service dog. Please don't clean or tidy to take the pictures, as we'd rather they depict what your home may look like on a regular basis; this aides us in offering suggestions on how to make your home a more dog-friendly environment.

Please include photographs of the following (if applicable):

- Recent Family Photo
- Front Yard
- Back Yard
- Kitchen
- Living Room
- Bedrooms
- Bathrooms
- Basement
- Rec Room
- Garage
- Any other rooms in your home not included on this list

Please send photographs in with your application form. They can be printed on normal paper, with up to four photographs per page.

SCHEDULE INFORMATION

Please use the following chart to give us an idea of what a typical day/week/weekend might look like for your family. This will help us to understand how busy or active your lifestyle may be, and how a companion dog might fit into that. This also helps us to create a more suitable match for your family.

Please include the following in your chart: How often do you go out, and for how long? What types of activities are occurring?

Does your family participate in seasonal activities? Explain: (ex: hockey, summer camp, etc.)

Additional Comments:



Schedule

	Wakeup	8:30- 2:30 School	1:30- 2:45 Groceries	3:00- 3:30 OT	4:00-6:30 Home	7:00-8:45 Arena	Bedtime
Sample	6:30						10:30
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

REFERENCES:

In order to assist us in understanding your needs and determining if you can benefit from a companion dog, we request the following information. Please list the names and addresses of **one person who is not a relative** and **two professional references** whom we can contact for character references. This information must be complete in order to pursue your request for a companion dog. Please be assured that all information will be kept in the strictest confidence. Please print legibly.

Personal Reference:

Name: _____ Relationship: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: () _____

Professional References: (Occupational Therapist, Social Worker, Physical Therapist, Family Physician, etc.)

Name: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: () _____

Name: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: () _____

My signature below indicates that I give Dogs with Wings permission to contact the above named references directly to clarify any information provided on the submitted reference forms:

Signature of Parent

Date Signed



DOGS WITH WINGS ASSISTANCE DOG SOCIETY

11343 – 174 Street
Edmonton, AB T5S 0B7
Phone: (780) 944-8011
Fax: (780) 944-9571
Web: www.dogswithwings.ca
E-mail: elisa@dogswithwings.ca

COMPANION DOG

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (*please print name*) have applied to Dogs with Wings Assistance Dog Society to obtain *companion dog*, _____. I understand that medical information and agency reports are required and I agree to release to Dogs with Wings Assistance Dog Society any and all requested and pertinent information about my child.

Date

Parent/Guardian Signature

Dear Sir or Madam:

Your patient, _____, has applied to us for training with a *companion dog*. It is important that we adequately assess the applicant's abilities and are aware of any special needs. Therefore, we have asked the applicant to provide you with the following forms so that you may release certain information we consider relevant.

If you have any questions about what a *companion dog* is, or what they can do, please feel free to contact us or check out our website.

You may, if you prefer, forward these forms directly to us rather than return them to your patient. Applications are not processed until our office has received all information requested from the applicant. Your completion of these forms, at your earliest convenience, would be most appreciated by your patient/client and us.

All information received will be kept in the strictest confidence and will only be used for the purpose for which it was intended.

Sincerely,

Elisa Irlam, GDMI

Director of Client Services



DOGS WITH WINGS
ASSISTANCE DOG SOCIETY

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COMPANION DOG

MEDICAL REPORT

* Please print legibly

PERSONAL INFORMATION

Name of Patient: _____ Age: _____ Height: _____ Weight: _____

MEDICAL HISTORY

Patient's Medical Diagnosis: _____

Explain limitations and additional pertinent information: _____

Please list all medications currently being taken by your patient.

MEDICATION	DOSAGE	CONDITION OR ILLNESS	SIDE EFFECTS EXPERIENCED BY YOUR PATIENT

MEDICAL HISTORY cont'd.

Please check applicable boxes and provide details if necessary:

- | | | |
|---|--|--|
| <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Impaired hearing | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Impaired sight | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Migraines | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Dizziness/Fainting/Blackouts | <input type="checkbox"/> Reduced stamina | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Allergies & likely reactions | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Imbalance |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Brittle bones | <input type="checkbox"/> Infantile paralysis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nervous disorders |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsive seizures | <input type="checkbox"/> Limited mobility |
| <input type="checkbox"/> Muscular weakness | <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Skin sensitivity |
| | | <input type="checkbox"/> Speech impediment |

Details:

Is there any other information that you feel is pertinent, that may affect the applicant's ability to care for a companion dog?

Physician Name: _____ Date: _____

(Please print name)

Physician Address: _____

Physician Signature: _____ Phone #: _____

***NOTE: PLEASE RETAIN A COPY OF THIS COMPLETED FORM FOR YOUR FILES**