

CANINE VISION CANADA DOG GUIDE APPLICATION

Please complete ALL parts of this application. We are unable to process applications that are not complete.

Family Name: _____

First Name: _____ Middle Name: _____

Sex: M F

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Street Address (if different):

City: _____ Province: _____ Postal Code: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Fax: (_____) _____ Email Address: _____

Date of Birth: _____ Weight: _____ Height: _____

How did you hear about Lions Foundation of Canada? _____

Occupation:

Present Employer: _____ Years with this employer: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (____) _____

What are your plans for the future? _____

What type of transportation do you use to reach employment? (bus, train, car?) _____

Residence

Do you live in a: House Townhouse Apartment

What floor (if applicable)? _____ Is there an elevator? _____

Travel areas are: Urban Suburban Rural

Sidewalk No sidewalk

Additional comments: _____

Have you contact with a dog? _____ a Dog Guide? _____

Do you have family pets now? _____ How many? _____ What Kind? _____

Do you have a fenced area in which to exercise a Dog Guide? (Not Mandatory) _____

Residence

List others living in your home.

NAME/RELATIONSHIP	VISUALLY IMPAIRED		OTHER DISABILITIES	AGE
	YES	NO		

Do any of above have allergies, especially to dogs? _____

Orientation and Mobility (if possible enclose a video showing your home/work area and your regular travelled routes)

Have you had Orientation and Mobility training? _____ If "yes" how long? _____

Instructor's Name: _____ Telephone: (____) _____

Agency: _____ Address: _____

Do you have any other disabilities that may affect your training or travelling with a Dog Guide?

What is your means of mobility? Sighted guide Cane Dog Guide Other

How far do you consider you can walk? _____ How many times a day? _____

Can you walk up stairs? _____ Up Hills? _____

Are you now applying to other Dog Guide schools? _____

If you have had a Dog Guide, which school did you attend? _____

When? _____ How long was dog in service? _____ Reason for dog's retirement? _____

Have you ever been rejected by another Dog Guide School? _____

Name of the school: _____

Why do you feel you need a Dog Guide? _____

Name of contact person (relative or friend) in case we are unable to reach you:

Name: _____ Relationship: _____

Address: _____ Tel.: (____) _____

I have completed the above application with the correct information. I understand that any false information may delay and/or cancel my application to Canine Vision Canada.

Application Signature

Date

CHARACTER REFERENCES

We require the names and addresses of two people, not relatives and your current vet (if applicable) whom we can contact for character references. This information must be complete with postal codes to pursue your request for a Dog Guide. Please print this information.

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

Veterinarian: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Telephone: _____

MEDICAL EXAMINATION
(To be completed by Physician)
(Please print or type)

In Dog Guide training, an individual will at times have to exert themselves both physically and mentally. The medical exam is necessary to protect the applicant's health and safety.

Does the applicant now have, or has the applicant ever had, the following:

- | | | | | | |
|-----------------|--------------------------|-------------------|--------------------------|---------------------|--------------------------|
| Heart disease | <input type="checkbox"/> | Rheumatism | <input type="checkbox"/> | Convulsive Seizures | <input type="checkbox"/> |
| Rheumatic Fever | <input type="checkbox"/> | Fainting Spells | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Impaired Hearing | <input type="checkbox"/> | Multiple Sclerosis | <input type="checkbox"/> |
| Cancer | <input type="checkbox"/> | Nervous Disorders | <input type="checkbox"/> | Infantile Paralysis | <input type="checkbox"/> |
| Stroke | <input type="checkbox"/> | Asthma | <input type="checkbox"/> | Serious Injury | <input type="checkbox"/> |
| Polio | <input type="checkbox"/> | Allergies | <input type="checkbox"/> | Hernia | <input type="checkbox"/> |

Remarks: _____

Evidence of Heart disease? _____ Evidence of Lung disease? _____

Blood Pressure: _____ Pulse: _____

Hearing Test (please include an audiology report if the applicant has a hearing impairment)

Normal spoken voice heard: Right _____ ft. Left _____ ft.

Ability to determine direction of sound: Good Fair Poor

Remarks: _____

Eye Test

Cause of Visual Impairment? _____

Acuity with the best corrective lens: OD _____ OS _____ OU _____

Does the applicant have object perception? Right eye Left eye

Does the applicant have light perception? Right eye Left eye

In your opinion, can the applicant:

a) walk twice daily for 30 minutes on both level and hilly terrain?	<input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No
b) maintain coordination and balance to follow the quick turns and sudden stops of a Dog Guide?	<input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No
c) walk up and down stairs without support? This is necessary when working with a Dog Guide.	<input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No
d) handle the mental and emotional demands which accompany the obligation of working, caring and training for Dog Guide work?	<input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input type="checkbox"/> No
e) feel sensation in his/her feet with the change of terrain textures. Example: gravel to pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) does the applicant have full use of hands and arms with good to normal range of motion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List all current medications being taken by the applicant: (please attached a separate sheet if needed)
 Are these medications self administered? Yes No

Medication	Dosage	Condition or Illness

Please list anticipated surgery or medical problems: _____

Special dietary requirements (an attached sheet may be added if necessary): _____

Physician's Name: _____

Telephone: (____) _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Signature

Date

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, Lions Foundation of Canada will prioritize applicants and acceptance will be based on a review by Lions Foundation of 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 Lions Foundation of 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 Canine Vision 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 the 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 Canine Vision 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 instructed 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.

Canine Vision Canada remains the legal owner of the Dog Guide. If proper procedure is not followed, Lions Foundation of Canada has the right to remove the dog.

I have read, understand and agree to the above.

Applicant's Signature

Date

Applicant's Name

Witnessed By

Date

CHECK LIST

Have you included the following information with your completed and signed application?

- 1) medical examination report from your family physician.**
- 2) ophthalmologist report (within six months).**
- 3) Names and addresses of character references and current veterinary (if applicable)**
- 4) A map to your home (from the nearest airport of major highway)**

Did you forward the attached Orientation and Mobility Report (with signed consent form) to your Orientation & Mobility Instructor? (your O & M Instructor will send the completed report directly to Canine Vision Canada)

FAILURE TO INCLUDE THE ABOVE INFORMATION WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION REQUEST FOR A DOG GUIDE.

Lions Foundation of 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, and we will gladly accommodate your request.

**Return application to :
Canine Vision Canada
P. O. Box 907
Oakville, Ontario
L6J 5E8**

(905) 842-2891

To be signed by Landlord/Property Management Company

This letter acknowledges that I am aware of the fact that _____
Is applying to Canine Vision Canada. A Canine Vision 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. This letter acknowledges that I am aware
of the fact that the above mentioned person may obtain a Canine Vision Dog Guide from Dog Guides
Canada.

Name (please print or type) _____

Signature _____

Date: _____

Please indicate whether landlord, employer or authority of an educational facility:

Company name/educational facility name:

Address: _____

To be signed by Employer/Educational Facility

This letter acknowledges that I am aware of the fact that _____
is applying to Canine Vision Canada. A Canine Vision 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. This letter acknowledges that I am aware
of the fact that the above mentioned person may obtain a Canine Vision Dog Guide from Dog Guides
Canada.

Name (please print or type) _____

Signature _____

Date: _____

Please indicate whether landlord, employer or authority of an educational facility:

Company name/educational facility name:

Address: _____

ORIENTATION & MOBILITY REPORT

To the applicant:

Please sign this release form and forward this part of the application to your Orientation and Mobility Instructor.

In order that Canine Vision Canada may better assess my potential to be a Dog Guide user, I agree to the release of the information requested herein.

Any information requested and/or obtained will be for the sole purpose of assessing my application for a Dog Guide from Canine Vision Canada.

I understand that any information released will be kept in confidence by Canine Vision Canada.

Applicant's Signature _____

Date _____

Applicant's Name _____

Witnessed By _____

Date _____

To the applicant's Orientation and Mobility Instructor:

Please be advised that your name has been provided to Canine Vision Canada as a reference for the above mentioned applicant. The information you provide will assist us in assessing his/her application for a Dog Guide.

Kindly complete the following report and return it directly to:

Canine Vision Canada, P.O. Box 907, Oakville, ON, L6J 5E8

Should you have any questions, please do not hesitate to contact me at (905) 842-2891, or toll free at 1-800-768-3030. Thank you in advance for your assistance.

ORIENTATION & MOBILITY REPORT

Name of Applicant: _____

Did the applicant complete Orientation and Mobility training?

Please estimate the number of hours and/or lessons of Orientation and Mobility instruction provided.

Please describe the applicant's attitude during training. Was the applicant able to accept feedback and apply this information? _____

Describe the travel habits of the applicant (for example, does he/she routinely use a sighted guide, long cane, support cane, dog guide or any other assistive device?)

Please describe the frequency and extent of the applicant's independent travel.

Does the applicant have any physical and/or cognitive impairments that limit independent travel?

While being guided, does the applicant follow appropriately and is he/she aware of the environment?

Please rate the following statements regarding the orientation and mobility skills of the applicant (1 is poor, 2 is fair, 3 is good, 4 is very good, and 5 is excellent).

The applicant has the ability to:

Localize different noises while traveling in both interior and exterior environments (detect the presence of a sound and locate the sound).

1 2 3 4 5

Use parallel traffic to maintain a straight line when walking on the sidewalk.

1 2 3 4 5

Signal the approach to an intersection based on:

time/distance traveled	1	2	3	4	5		
parallel traffic			1	2	3	4	5
perpendicular circulation			1	2	3	4	5

Use parallel and perpendicular traffic to verify and correct his/her position and alignment at an intersection.

1 2 3 4 5

Identify the characteristics of the traffic at an intersection, the shape of the intersection and the type of traffic controls.

1 2 3 4 5

Carry out a 90, 180 or 360 degree turn.

1 2 3 4 5

Judge when it is safe to cross the street and make a confident departure.

1 2 3 4 5

Execute a crossing in a straight line using the sounds of the moving parallel traffic.

1 2 3 4 5

Plan, memorize and execute travel routes (including bus route, if applicable) independently.

1 2 3 4 5

Orient to new areas, including soliciting assistance when and where necessary.

1 2 3 4 5

Does the applicant have functional travel vision, and if so to what degree is it used?

Does the applicant handle problem situations systematically, calmly and maturely? If not, please specify: _____

Additional comments:

Name: _____

Signature: _____

Agency: _____

Address: _____

Telephone: (_____) _____

Date: _____