

SPECIAL SKILLS DOGS OF CANADA SEIZURE RESPONSE APPLICATION

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

GENERAL INFORMATION:

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Tel.: () _____

E-Mail: _____ Fax: _____

Sex: _____ Date of birth: _____

Height: _____ Weight: _____

Occupation: _____

How did you hear about Lions Foundation of Canada? _____

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

Name: _____ Relationship: _____

Address: _____ Tel.: () _____

Name of primary physician: _____

Address: _____ Tel.: () _____

How long have you been this doctor's patient? _____

Name of specialist (if applicable): _____ Specialty: _____

Address: _____ Tel.: () _____

Please list others, if any, on reverse.

HOUSEHOLD:

What are your current living arrangements?

With family Living independently

Group housing Institution

Please complete this chart if you live with others:

NAME	AGE	RELATIONSHIP	OCCUPATION	ALLERGIES	DISABILITIES	EXPERIENCE WITH DOGS

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

How many visits per day? _____

HOME SETTING:

Type of home: _____ If an apartment, what floor? _____

Do you have a fenced yard? _____

If not already fenced, would you be able to fence an area? _____

If you are unable to provide a fenced area, how would you accommodate the dog's toileting and exercise needs? _____

Do you live in an urban, suburban or rural area? _____

Are the streets around your home paved or gravel? Are there sidewalks? _____

Do you currently own a dog? _____ Age _____ Breed _____

Any other pets? _____

Have you owned dogs in the past? _____ A service dog? _____

SCHOOL/EMPLOYMENT ENVIRONMENT:

Are you currently attending, or planning to attend, school (college, university)? _____

Full time _____ Part time _____ Hours: _____

What grade/year: _____ Type: (high school, college, etc...) _____

Name of school: _____

Address: _____

Name of employer (if applicable): _____

Occupation: _____

Full time _____ Part time _____ Hours: _____

Describe the setting (downtown, highrise, shopping mall, etc...) _____

Will the dog be going to work/school with you? _____

Is there anything at your workplace/school which might pose a hazard to your dog's health or well-being? (loud machinery, vehicles toxic vapours or fluids, dangerous machinery, slippery or littered floors, high frequency noise etc...) Please name and describe: _____

LIFESTYLE:

How would you describe your activity level? _____

Please list your hobbies and interests: _____

Please list any volunteer work: _____

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

Do you have your own vehicle? If yes, please describe (side-lift van, etc...): _____

Do you use public transit? _____

Describe your physical/medical disability: _____

Cause: _____

How long have you been disabled? _____

Prognosis: _____

Level of Hearing Normal ____ Impaired _____

Level of Vision Normal ____ Impaired _____

Quality of speech (level/tone): _____

Please rate the following with G-Good F-Fair P-Poor

	STRENGTH	STAMINA	RANGE OF MOTION
Upper body			
Right leg			
Left leg			
Right arm			
Left arm			
Right hand			
Left hand			

Do you have any problems with: (please circle)

Allergies (specify)
Chronic Pain
Heat Sensitivity
Reaction Time
Spasticity

Balance
Cold Sensitivity
Memory Loss
Seizures

Brittle Bones
Depression
Pain Sensitivity
Skin Sensitivity

Other (please specify): _____

Do you use assistive devices? If yes, please list _____

Do you use a wheelchair? (manual or electric) _____ Controls: right left

Weight of chair: _____ Type of battery: _____

Do you have an Emergency Call System/Lifeline: yes no

Other (specify): _____

List all medications, both prescription and non-prescription, that you are presently taking:

DRUG	PRESCRIBED?	DOSAGE	HOW OFTEN?	DAILY	AS NEEDED

I have completed the above application with the correct information. I understand that any false information may delay and/or cancel my application to Special Skills Dogs of Canada.

APPLICANT'S SIGNATURE

DATE

Or

SIGNATURE OF PARENT/LEGAL GUARDIAN, OR POWER OF ATTORNEY

DATE

RATE SKILLS IN ORDER OF IMPORTANCE TO YOU L = LOW M= MODERATE H= HIGH E= ESSENTIAL	
	Fetching dropped items
	Fetching named items
	Opening/closing interior doors
	Turning on/off switches
	Assisting with undressing
	Assisting with transfers (steading)
	Assisting with getting in and out of bed or rolling over in bed
	Going for help/alerting another person to seizures
	Operating a lifeline/call attendant
	Other (please list below)

CHARACTER REFERENCES

We require the names of addresses 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 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: (____) _____

TO BE SIGNED BY YOUR EMPLOYER (IF APPLICABLE)

This letter acknowledges that I am aware of the fact that

intends to apply for the services of a Dog Guide. By signing this form, I am expressing agreement to the dog being (working and/or living) on the premises and I am fully aware that it will be used as a working dog only.

Name – Please print or type

Signature

Company / Building Name: _____

Address: _____

Date: _____

TO BE SIGNED BY YOUR LANDLORD (IF APPLICABLE)

This letter acknowledges that I am aware of the fact that

intends to apply for the services of a Dog Guide. By signing this form, I am expressing agreement to the dog being (working and/or living) on the premises and I am fully aware that it will be used as a working dog only.

Name – Please print or type

Signature

Building Name: _____

Address: _____

Date: _____

TO BE SIGNED BY A REPRESENTATIVE OF YOUR EDUCATIONAL FACILITY

This letter acknowledges that I am aware of the fact that

intends to apply for the services of a Dog Guide. By signing this form, I am expressing agreement to the dog being (working and/or living) on the premises and I am fully aware that it will be used as a working dog only.

Name – Please print or type

Signature

Title: _____

Company Name: _____

Address: _____

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 the 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 Lions Foundation 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 client and Special Skills Dogs of 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.

Lions Foundation of 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 (Name)

(Signature)

Date

CHECKLIST

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

1. medication examination report from your physician
2. reports from Neurologist
3. character references (2)
4. map to your home

FAILURE TO INCLUDE THE ABOVE INFORMATION WILL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION 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 THE APPLICATION TO:
SPECIAL SKILLS DOGS OF CANADA
P.O. BOX 907
OAKVILLE, ON
L6J 5E8
905-842-2891
1-800-768-3030**