

# SPECIAL SKILLS DOGS OF CANADA 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

<b>RATE SKILLS IN ORDER OF IMPORTANCE TO YOU</b>  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 Occupational and/or Physiotherapists
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](mailto: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**