



SERVICE DOG APPLICATION

GENERAL INFORMATION

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

| | | | | | |
|---|---|-------------------------|--|----|--|
| Applicant Name | | | | | |
| Primary Telephone | | Secondary Number | | | |
| Email | | | | | |
| Address | | | | | |
| Apt / Unit # | | City | | | |
| Province | | Postal Code | | | |
| Mailing Address (if different from above) | | | | | |
| Apt / Unit # | | City | | | |
| Province | | Postal Code | | | |
| Applicant's Date of Birth (dd/mm/yyyy) | | Height | ft | in | Weight lbs |
| Language Selection (check all that apply) | Spoken <input type="checkbox"/> English <input type="checkbox"/> French | | Written <input type="checkbox"/> English <input type="checkbox"/> French | | Future Correspondence <input type="checkbox"/> English <input type="checkbox"/> French |
| Military Service | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rank: | Unit: | | |
| Have you ever applied to Watch my 6 before? | | | | | |

NOTE: All future correspondence will occur electronically to the e-mail address you have provided above. If you require correspondence in a different format, please check this box and indicate what format you require:

| | |
|--|--|
| <input type="checkbox"/> Other Correspondence | |
|--|--|

HOUSEHOLD INFORMATION

| | |
|---|--|
| What are your current living arrangements? | <input type="checkbox"/> With Family <input type="checkbox"/> Independently <input type="checkbox"/> Group Housing |
| | <input type="checkbox"/> Other (Specify) |

Please complete information for all persons living in your household:

| Name | Relationship | Age | Occupation | Dog Allergies | Disabilities | Dog Experience | | | |
|------|--------------|-----|------------|---------------|--------------|--------------------------|---|--------------------------|---|
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
| | | | | | | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |

| | |
|--|--|
| How many hours per day, if any, of attendant care do you use? | |
| How many visits per day? | |

HOME SETTING

| | |
|---|---|
| Type of home (i.e. condo/apt/town/etc.) | |
| Do you have a fenced yard? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If not already fenced, would you be able to fence an area? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No," please describe how you would accommodate the dog's toileting and exercise needs? | |
| | |
| What type of area do you live in? | <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural |
| Would you agree to a pre adoption home visit? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do you agree to annual home visit while in training? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

TRANSPORTATION

| | |
|---|--|
| Please check if you <u>consistently</u> use the following forms of transport (Check all required options) | |
| <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane | |
| <input type="checkbox"/> Adapted Vehicle (describe) | |
| Please check if you <u>occasionally</u> use the following forms of transport (Check all required options) | |
| <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane | |
| <input type="checkbox"/> Adapted Vehicle (describe) | |
| <input type="checkbox"/> Do not use any motorized form of transportation | |

PET AND DOG OWNERSHIP

| Please list all pets that are currently in your home | | | |
|--|----------------|-------------|------|
| Animal Type (dog/cat/bird/etc.) | Breed (if dog) | Age (years) | Name |
| | | | |
| | | | |
| | | | |
| | | | |

| Please list all dogs that you have had in the past | | | |
|--|-------------|-------|-------------|
| Breed | Years Lived | Breed | Years Lived |
| | | | |
| | | | |

| | | | |
|---|--|--|--|
| Have you had a service dog in the past? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Number of years in service? | | | |
| If Yes, where was it trained? | | | |
| May we contact this school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone | |
| Reason for retirement? | | | |
| Have you ever been or are you subject to a court order banning you from the ownership of any animal(s)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SCHOOL DETAILS (if applicable)

| | | | | | |
|--|----------|---|----------|--------------------|--|
| What type of schooling does the applicant attend? | | <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University | | | |
| Full Time | hrs/week | Part Time | hrs/week | | |
| If attending school, please indicate grade/year | | | | | |
| Name of School | | | | | |
| Address | | | | | |
| City | | Province | | Postal Code | |

EMPLOYMENT DETAILS (if applicable)

| | | | | | |
|--|----------|------------------|----------|--------------------|--|
| Name of Employer | | | | | |
| Occupation | | | | | |
| Full Time | hrs/week | Part Time | hrs/week | | |
| Describe the setting (downtown, highrise, shopping mall, etc.) | | | | | |
| Address | | | | | |
| City | | Province | | Postal Code | |
| Please name and describe anything at your workplace that may pose a hazard to a dog's health or well-being (loud machinery, odours, fluids, high frequency noises, etc.). | | | | | |
| | | | | | |

BACKGROUND INFORMATION

| | |
|--|--|
| Please describe your activity level (how often you leave the house, typical places you go, etc.): | |
| | |
| Please list your hobbies, interests and volunteer work: | |
| | |
| Based on your personal lifestyle, how many hours per day will the dog be left alone? | |
| Do you do any travelling where the dog would be expected to accompany you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, explain | |

| | |
|---|--|
| Have you ever been convicted of a criminal offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES please list offense(s) and year(s) they occurred: | |

DISABILITY INFORMATION

| | | | |
|--|--|-----------------------|-------------------------------|
| Describe your primary medical/physical disability. | | | |
| | | | |
| Cause: | | | |
| What are your main triggers or any special accomidations? | | | |
| | | | |
| Are you in possession of a Dr.s note stating your requirement to have a service dog? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Level of Hearing | <input type="checkbox"/> Normal <input type="checkbox"/> Impaired (describe) | | |
| Level of Vision | <input type="checkbox"/> Normal <input type="checkbox"/> Impaired (describe) | | |
| Quality of Speech (level/tone) | | | |
| Please rate yourself on the following options (Good, Fair, Poor) | | | |
| <u>Body Part</u> | <u>Strength</u> | <u>Stamina</u> | <u>Range of motion</u> |
| Upper Body | | | |
| Right Leg | | | |
| Left Leg | | | |
| Right Arm | | | |
| Left Arm | | | |
| Right Hand | | | |
| Left Hand | | | |

| | | | |
|--|---|-------------------------|--|
| Do you have problems with any of the following (check all that apply) | | | |
| <input type="checkbox"/> Balance <input type="checkbox"/> Brittle Bones <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Cold Sensitivity <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Heat Sensitivity <input type="checkbox"/> Short Term Memory Loss <input type="checkbox"/> Long Term Memory Loss <input type="checkbox"/> Pain Sensitivity <input type="checkbox"/> Skin Sensitivity <input type="checkbox"/> Spasticity <input type="checkbox"/> Reaction Time | | | |
| <input type="checkbox"/> Allergies (specify) | | | |
| <input type="checkbox"/> Other (specify) | | | |
| Do you use assistive devices? If yes, please list: | | | |
| Do you use a wheelchair? | <input type="checkbox"/> Manual <input type="checkbox"/> Electric <input type="checkbox"/> No | Controls: (side) | <input type="checkbox"/> Left <input type="checkbox"/> Right |
| Weight of chair | lbs | Type of battery | |
| Do you have an Emergency Call System/Lifeline? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Type? | |

CHARACTER REFERENCES

We require the names **AND** addresses including postal codes 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 process your application.

Please inform these individuals listed that they will be contacted.

| | | | | | |
|----------------------------------|--|-----------------|--|--------------------|-------------------------|
| Reference #1 Name | | | | | |
| Address | | | | | Apt # Unit # |
| City | | Province | | Postal Code | |
| Contact Email / Telephone | | | | | |
| Reference #2 Name | | | | | |
| Address | | | | | Apt # Unit # |
| City | | Province | | Postal Code | |
| Contact Email / Telephone | | | | | |
| Veterinarian Name | | | | | |
| Address | | | | | Apt # Unit # |
| City | | Province | | Postal Code | |
| Contact Email / Telephone | | | | | |

CONTACT PERSON INFORMATION

Name of contact person in case we are unable to reach you.

| | | | |
|---------------------|--|-----------------------|--|
| Contact Name | | Home Telephone | |
| Relationship | | | |

In order to submit a complete application, please ensure that you have included the following:

- Completed Application Form
- Completed Medical Report Form from your physician

DATA PROCESSING AND RELEASE STATEMENT

During your request for services we may need to contact or share information with other professionals involved in your care.

Watch My 6 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

By email Watchmy6servicedogs@gmail.com

RESPONSIBILITIES AND EXPECTATIONS

Watch My 6 has a code of conduct which sets out the standards of behaviour we expect from our staff. We also expect a similar level of courtesy from clients and have put together a short list of examples to demonstrate these standards:

- Mutual respect and courtesy
- Commitment and cooperation
- Patience and understanding, particularly when progress is slow and/or difficult
- Behaviour which is neither abusive nor threatening
- Behaviour which is tolerant and non-discriminatory

It is the responsibility of all clients and staff to report any failure to comply with this code of conduct. All such complaints will be viewed seriously and could result in either internal disciplinary action or the withdrawal of services.

PLEASE READ CAREFULLY BEFORE SIGNING

There are legal, moral and financial obligations involved with having a Service dog. Service dog teams are “ambassadors” who, through their actions, allow people to accept and welcome the presence of Service dogs in public places. Your Service dog, as your partner and extension of your being, must work well, be well behaved, well-groomed and healthy.

Service dogs are very special canines but they are still dogs and 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.

Service dogs 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.

Service dogs require a commitment in return for all of the wonderful, new and exciting experiences that you will experience as a team. Service dogs require basic respect, praise for a job well done, discipline, love and creature comforts in order 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 Watch My 6 will prioritize applicants and acceptance will be based on a review by the Watch My 6 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 Service dog, Watch My 6 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 Watch My 6 assumes no liability in case of accident during the training program, upon graduation or during the time you are a working Service dog team. This includes liability for the agency, employees, and volunteers.

Mandatory follow-up contact and communication between the graduate and Watch My 6 training staff is maintained to ensure ongoing success. Service dog 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 Service dog and its management. Failure to follow instructions may result in the dog being returned to Watch My 6. It must be understood that a Service dog 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 Service dog is a valuable, trained dog and is not allowed to run loose. The dog must always be on leash.

Having a Service dog is a legal, moral and financial commitment for the life of the dog, which is about 10-12 years. Careful consideration must be given before accepting the responsibilities of a Service dog.

No applicant or graduate is required to participate in fund raising or public relations activities without their expressed and voluntary permission.

Watch My 6 remains the legal owner of the Service dog. If proper procedure is not followed, Watch My 6 has the right to remove the dog.

By signing/typing name below, I agree that Watch My 6 may disclose my personal information (including health details) to assist in assessing and formulating a service delivery plan for me. I am obliged to contact Watch My 6 and inform them if there are any changes in my personal circumstances. I have completed the above application with the correct information and I understand that any false information or omission of information may delay and/or void my application to Watch My 6. I have read and agree to the information listed in the **Data Processing and Release Statement**.

Applicant Signature

Date

Signature of Parent/Legal Guardian,
or Power of Attorney

Date

Witness (name)

Date

LANDLORD/PROPERTY MANAGEMENT COMPANY

This letter acknowledges that I am aware of the fact that

Resident

is applying to Watch My 6, and that I understand that a Service dog 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. By signing this form, I am aware that the above mentioned person may obtain a Service dog from Watch My 6.

| | |
|--------------|--|
| Name | |
| Title | |

Signature

Date

| | | | | | |
|------------------------------|--|-----------------|--|--------------------|--|
| Company/Facility Name | | | | | |
| Address | | | | Unit # | |
| City | | Province | | Postal Code | |
| Telephone | | | | | |
| Email | | | | | |

EMPLOYER/EDUCATION FACILITY

This letter acknowledges that I am aware of the fact that

Employee

is applying to Watch My 6, and that I understand that a Service dog 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. By signing this form, I am aware that the above mentioned person may obtain a Service dog from Watch My 6.

| | |
|--------------|--|
| Name | |
| Title | |

Signature

Date

| | | | | | |
|------------------------------|--|-----------------|--|--------------------|--|
| Company/Facility Name | | | | | |
| Address | | | | Unit # | |
| City | | Province | | Postal Code | |
| Telephone | | | | | |
| Email | | | | | |

FILMING RELEASE

I hereby agree that Watch my 6 may film and photograph my in-home assessment to assist in determining my eligibility, my needs, and with the dog matching process. This information will be used solely by Watch My 6 for internal purposes only.

| | |
|-------------|--|
| Name | |
|-------------|--|

Signature

Date

| | |
|---------------------|--|
| Witness Name | |
|---------------------|--|

Signature

Date