

**CLIENT APPLICATION AND MEDICAL HISTORY
LOVING ANGEL SERVICE DOGS, INC.
CHILD/ADULT WITH GUARDIAN**

PLEASE PRINT CLEARLY DATE _____

MOTHER:

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (w/area code) _____ Cell Phone (w/area code) _____

E-Mail _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated

Employer _____ Work Phone _____

FATHER:

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (w/area code) _____ Cell Phone (w/area code) _____

E-Mail _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated

Employer _____ Work Phone _____

CHILD/DEPENDANT:

First Name _____ Last Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (w/area code) _____ Cell Phone (w/area code) _____

E-Mail _____

Date of birth (mm/dd/yyyy) _____ Age _____ Gender ☐ M ☐ F

Approximate weight _____ Approximate height _____

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Separated

Emergency contact (not parent) Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (w/area code) _____ Cell Phone (w/area code) _____

E-Mail _____

CHILD APPLY FOR SERVICE DOG TRAINING
LOVING ANGEL SERVICE DOGS, INC.
PAGE 2

PHYSICIAN INFORMATION

Name _____ Type of practice _____

Phone (Including area code) _____

City _____ State _____ Zip _____

Is your doctor available for a consultation regarding this application? ☐ Yes ☐ No

LIVING INFORMATION – When families are split, list primary information here and attach a separate list for the other household answering all these questions.

With whom do they live? (check all that apply)

☐ Alone ☐ Parent(s) ☐ Spouse ☐ Siblings (Ages) _____ ☐ Attendant

Does anyone else living with them have a physical or mental disability? ☐ Yes ☐ No

If yes, how are they disabled and what are their limitations?

Is anyone allergic to dogs? ☐ Yes ☐ No

DISABILITY INFORMATION

What is the primary disability? _____

Please list secondary disabilities, if any _____

What caused the disability or disabilities? _____

If caused by an injury, what progress has been made since the injury? _____

How does it affect their daily living (limitations)? _____

How long have they been disabled? _____

Is the disability progressive? ☐ Yes ☐ No

Are there any current changes in the disability? ☐ Yes ☐ No

If yes, explain

What are the effects of the disability? (check all that apply)

☐ Deafness ☐ Speech Impairment ☐ Reduced Stamina ☐ Hearing Loss ☐ Spasticity

☐ Limited Mobility ☐ Muscular Weakness ☐ Slow Development ☐ Vision Impairment

☐ Memory Loss

CHILD APPLY FOR SERVICE DOG TRAINING
LOVING ANGEL SERVICE DOGS, INC.
PAGE 3

	By self	With Assistance	By others
Medications	☐	☐	☐
Finances	☐	☐	☐
Housekeeping	☐	☐	☐
Meals	☐	☐	☐
Personal care/ Getting dressed	☐	☐	☐

What personal attendants do they use? ☐ Family members ☐ Personal Care Aide ☐ Medical
☐ Housekeeping Other _____

Number of hours for attendants:

_____ Per Day **or** _____ Per Week or _____ Per Month

Explain in more detail *anything* that will better help us to understand your family's needs.

OTHER INFORMATION

What kind of activities are they involved in? (check all that apply)

- ☐ Work (paid or volunteer) outside the home ☐ Work (paid or volunteer) from within the home
☐ School ☐ Shopping (groceries, clothes, etc.) ☐ Formal exercise

Please describe their home life, social activities, hobbies, and lifestyle in general:

CHILD APPLY FOR SERVICE DOG TRAINING
LOVING ANGEL SERVICE DOGS, INC.
PAGE 4

DOG INFORMATION

What kind of dog are you looking for?

☐ Public Access Service dog ☐ In-home skilled dog

How do you think a dog will be able to help them? _____

What skills do you hope the dog will have? _____

In what ways do you think having a dog will help you as a parent/guardian? _____

Does your child want a service dog? If yes, why? Please write down what they say about this

If you want the dog to go to school with your child, have you discussed this with the teachers and the school administrators? How did they respond? _____

If there are other children in the family, what do they think about this child having a service dog? Because bonding is important, this child should be the only one to feed the dog, give him treats and play with him. This can be very difficult for all of them. How will you handle this potential conflict? _____

Does your child currently have, or ever had a service dog? ☐ No ☐ Current ☐ In the Past

If so, who trained your dog? _____

How many years did the dog partner with them? _____

Having a service dog is an incredible opportunity that can enhance your child's life in many areas – physically, emotionally, spiritually, and socially. Along with those benefits come associated responsibilities. As the owner of a service dog, the partnership not only represents Loving Angel Service Dogs, but also acts as an ambassador and a public educator on behalf of all service dogs. It is vital that the dog is well mannered and clean and neat when out in public. Do you think your child is physically and emotionally capable of doing all that is necessary to take care of a dog? If not, who will help with these tasks? _____

CHILD APPLY FOR SERVICE DOG TRAINING
LOVING ANGEL SERVICE DOGS, INC.
PAGE 5

Do you agree with the following?

That your Service Dog is not the family pet. This service dog has duties that he/she has been trained to do and should have minimal interaction with others. ☐ Yes ☐ No

You have a reasonable expectation that their medical situation will allow them to use their service dog for the next 8 to 10 years. ☐ Yes ☐ No

That you will keep the dog safe and will not allow them off leash except in a secure area. This includes during exercising and elimination. ☐ Yes ☐ No

Your family can assume full responsibility for this Service Dog. This includes many areas:

Daily grooming including brushing coat and teeth. ☐ Yes ☐ No

Periodic baths and toenail trimming ☐ Yes ☐ No

Medical care as prescribed by your veterinarian ☐ Yes ☐ No

Proper feeding with a good quality dog food to maintain overall health, coat health and to maintain the dog's proper weight. ☐ Yes ☐ No

Daily exercise and playtime ☐ Yes ☐ No

You will assume full responsibility for cleaning up after the dog eliminates in public and for repairing any damage caused by your dog. ☐ Yes ☐ No

Please describe who will handle the following areas of dog care – and how:

Feeding _____

Grooming _____

Exercising _____

Toileting _____

Vet Care _____

Financial Costs - yearly approximate costs: about \$2,000/year

If your child is hospitalized _____

Flea problems _____

Heartworm prevention _____

Family/friend involvement _____

Access Issues _____

Dog behavior problems _____

**CHILD APPLY FOR SERVICE DOG TRAINING
LOVING ANGEL SERVICE DOGS, INC.
PAGE 6**

Attending our Training Classes _____

Our training program is physically and emotionally demanding. What specific difficulties might your child have with it? _____

What modifications do you need to make to accommodate this training? _____

What modifications must the training program make to accommodate your child's specific difficulties? _____

List the **names, addresses and phone numbers** of two people – not related to you who will provide letters of recommendation for your family. Have them send their letters to the Executive Director at the address listed below.

1. Personal (not related to you)

2. Personal (not related to you)

Signature _____ Date _____

All the information I have provided is true to the best of my knowledge, up-to-date and accurate

**SEND YOUR COMPLETED APPLICATION ALONG WITH A \$40 CHECK MADE OUT TO
LOVING ANGEL SERVICE DOGS, INC.
3734 SUGAR LEO RD.
ST. GEORGE, UT 84790**

CHILD CLIENT APPLICATION AND MEDICAL HISTORY

LOVING ANGEL SERVICE DOGS, INC.

PLEASE PRINT CLEARLY

MEDICAL HISTORY FORM

PUT YOUR CHILD'S NAME ON EACH PAGE and sign the release below and give all four pages to your physician or therapist to complete. Ask them to return it directly to Loving Angel Service Dogs

RELEASE OF MEDICAL INFORMATION

This authorizes you to release information regarding my condition to Loving Angel Service Dogs, Inc. This information will be used to evaluate and assess my situation and is essential for Loving Angel to train a service dog to increase my independence. All information is confidential.

Name _____ Date of Birth _____

Parent/Guardian Signature

To the Physician or Therapist:

We maintain confidentiality of our clients' records. The information you give here will not be shared with your patient unless you give express permission.

If you have any questions, please contact Loving Angel Service Dogs, Inc. at (435) 632-2482

Mail the completed form to:

Executive Director
Loving Angel Service Dogs, Inc.
3734 Sugar Leo Rd.
St. George, UT 84790

LOVING ANGEL SERVICE DOGS, INC.

MEDICAL HISTORY FORM

PAGE 1

PATIENT NAME _____ DATE _____

PRACTIONER'S NAME: _____ SPECIALTY _____

Address: _____

Phone: _____

Date of Last Exam: _____ Length of association with patient: _____

What is the primary diagnosis? _____

What other conditions does the patient have? _____

Prognosis for duration of impairment(s): _____

Prognosis for progression of impairment(s): _____

Prognosis for lifespan: _____

Medications taken on a regular basis: _____

How severe is the patient's mobility impairment?

NONE	NEEDS ASSISTIVE DEVICE			NEEDS FULL-TIME CARE
1	2	3	4	5

How severe is the patient's visual impairment?

NONE(correctible w/ glasses	NEEDS ASSISTIVE DEVICE			BLIND
1	2	3	4	5

How severe is the patient's auditory impairment?

NONE	NEEDS ASSISTIVE DEVICE			DEAF
1	2	3	4	5

How severe is the patient's cognitive impairment?

NONE	NEEDS ASSISTIVE DEVICE			NEEDS FULL-TIME CARE
1	2	3	4	5

Do limitations affect patient's ability to control his/her own behavior?

NORMAL	MODERATE			POOR SELF CONTROL
1	2	3	4	5

How effective is the patient on handling and overcoming their limitations?

VERY COMPETENT	MODERATE			INEFFECTIVE
1	2	3	4	5

LOVING ANGEL SERVICE DOGS, INC.

MEDICAL HISTORY FORM

PAGE 3

PATIENT NAME _____

Our service dogs are highly trained to assist their partners with many tasks besides being a loyal companion who gives unconditional love. Some of the tasks they may be trained to do are:

Retrieve dropped articles
Push Lifeline or 911 button
Find help
Retrieve items from refrigerator
Turn lights off and on
Open and close doors
Provide bracing for transfers

Enhance balance when walking
Enhance balance when taking the stairs
Assist in pulling wheelchair
Carry items in mouth or backpack
Take items to another person
Help undressing – shoes, socks, sweaters, etc.
Find and retrieve items like keys, etc.

Are there any other tasks that a service dog could do that your patient would benefit from?

Do you think your patient would benefit from a service dog? Yes No How? Or Why not?

In your opinion, is this patient is capable of training a Service Dog (with help and guidance from the Agency? Yes No

Why or why not? _____

May we contact you with questions? Yes No

Best way to contact you _____

Any addition comments: _____

Signature of physician or therapist: _____ Date _____