



ConnorsK9-PAWS Service Dog Client Application
Castle Rock, CO 80104
Phone: 303-887-9059

Application Checklist

We will contact you to schedule an interview after your application has been reviewed. All information must be received to continue with the interview process.

- \$50 Application Fee
- Part A - Client Application
- Part B – Background Check
- Part C
 - Two Letters of Recommendation
 - For Non-Active Military: A Copy of Your DD214 Form
 - A 750–1250-word essay detailing why you are seeking a service dog and how you believe a service dog will benefit your life
- Part D – Medical Form

The contents of your application and all personal health information are confidential.

Part A - Client Application, completed by the client, two letters of recommendation, and a \$50.00 application fee.

Part B - Medical Form, completed by your physician or therapist, describing your disability.

Date _____

APPLICATION PART A

First Name _____ MI ____ Last Name _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex:

Address: _____ Street City State Zip

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Name of Nearest Relative _____ Relationship _____ Address of Relative

_____ Relative's Phone Number _____

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide the name and relationship of the person transcribing your words.

Name _____ Relationship _____

How did you learn about ConnorsK9-PAWS?

Please review the application instructions before completing this form. Your application will be reviewed, and an interview scheduled when all information has been received.

Military Personnel Only:

Do you have a military affiliation? _____ What branch?

Are you active or retired?

For non-active military clients, please attach a copy of your **DD214** form to this application

Please select from the following list the type of dog that would be best for your current situation:

- Service Dog
A service dog is trained to perform a minimum of three custom tasks for a person with a disability. When properly trained, the dog is granted full public access. A service dog can be placed with a client that is at least 16 years of age or older and can handle the dog in public without assistance.

- Service Dog - 3rd Party
A 3rd party service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access providing that a parent or guardian is always with the client when in public. Third-party service dogs are available to clients under the age of 16 or unable to handle a dog in public without assistance from a guardian or caregiver.

- Skilled Companion Dog
A skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to help the client only in the home.

Disability and Diagnoses

What is your disability?

Most ConnorsK9-PAWS dogs assist people with primary PTSD trained but also serve clients with mobility impairment, such as amputation, stroke, or traumatic brain or spinal cord injury.

ConnorsK9-PAWS does not train dogs to assist individuals with seizure disorders, blood sugar disorders or those with significant vision or hearing impairment.

Do you have any other diagnoses, including mental health diagnoses?

How long have you had this disability?

If the disability was caused by injury, what progress has been made post-injury?

Please indicate the devices that you use: Wheelchair: Manual Power Both
 Crutches Cane 3-Wheel Electric Scooter Other _____

Which do you use most often? _____

Do you drive? ____ Take a bus? ____ Cab? ____ Other? _____

Describe your physical strengths and abilities. (Circle one number for each limb.)

| Left | Right |
|--|--|
| No Use → → → Full Use | No Use → → → Full Use |
| Hand Strength 1 2 3 4 5 6 7 8 9 10 | Hand Strength 1 2 3 4 5 6 7 8 9 10 |
| Dexterity 1 2 3 4 5 6 7 8 9 10 | Dexterity 1 2 3 4 5 6 7 8 9 10 |
| Arm Strength 1 2 3 4 5 6 7 8 9 10 | Arm Strength 1 2 3 4 5 6 7 8 9 10 |
| Upper Body Strength 1 2 3 4 5 6 7 8 9 10 | Upper Body Strength 1 2 3 4 5 6 7 8 9 10 |
| Leg Strength 1 2 3 4 5 6 7 8 9 10 | Leg Strength 1 2 3 4 5 6 7 8 9 10 |
| Leg Control 1 2 3 4 5 6 7 8 9 10 | Leg Control 1 2 3 4 5 6 7 8 9 10 |

Have you fallen? _____ How often do you fall? _____

Please describe your fall and if you can catch yourself:

Please rate: (On a scale of 1=Poor - to - 10=Normal)

Your Speech? ____ Easily Understood ____ Tone Variation ____ Volume ____

What personal attendants/assistants (including family members) do you use?

Personal Care Aide Cooking Cleaning Medical Other _____

Describe the use of attendants, including how many and how often? (Daily, weekly?)

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, and anything that might help us understand your needs.

What work, school or rehabilitation program(s) have you completed? What is your current work or school schedule?

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

No Yes (If so, how are they disabled, and what are their limitations?)

Please describe your home and yard.

Is your yard fenced? No Yes (If yes, how high is your fence?) _____

If your yard is not fenced if your fence is too short or needs repair, will you be able to put up a securely fenced area before you receive your dog? Yes No

What pets do you have now? Describe type and age.

Veterinarian's name and phone number:

If you have a dog now, would you be willing to give up your present dog if it cannot get along with a ConnorsK9-PAWS dog? Yes No

If your present dog is not well-mannered, are you willing to train your dog before you receive your ConnorsK9-PAWS dog? Yes No

What dogs have you had before? Describe what breed and your age at the time.

Have you ever re-homed a pet? If so, what was the reason?

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your ConnorsK9-PAWS dog?

How will you handle the care of your ConnorsK9-PAWS dog if you are hospitalized?

Will it be difficult for you to do the following?

Limit your calendar for the 30-day bonding period. Yes No

Attend an approved Obedience Class? Yes No Please explain any Yes answer

Living with a ConnorsK9-PAWS Dog, do you agree to the following terms and conditions:

1) There is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years. Yes No

2) A "ConnorsK9-PAWS Dog" is not a family pet – they have a specific function in their partner's life and minimal interaction with others. Yes No

3) You and your dog are ambassadors for ConnorsK9-PAWS, as well as for the entire assistance dog industry (guide, hearing, and service dogs), and you will be expected to maintain your dog's appearance and manners, and behavior as well as your handling skills.

Yes No

4) A ConnorsK9-PAWS dog will not be allowed off-leash except in a secure area. Exercise and elimination must be done on a leash or in a fenced yard or dog run.

Yes No

5) You assume full responsibility as caretaker of your ConnorsK9-PAWS dog, in charge of their safety, health, and welfare. Their needs include:

- Medical care – all care prescribed by your veterinarian and routine annual care as directed by ConnorsK9-PAWS. Yes No
- Nutritional care – including the use of good quality dog food and maintaining your dog's proper weight. Yes No
- Daily exercise and play Yes No

6) You assume full responsibility for maintaining appropriate training and behavior, annually updating your public access certification or Canine Good Citizen certification as applicable. Yes No

7) You will maintain identification for public access, if applicable. Yes No

8) That you assume full responsibility for cleaning up after your dog eliminates in public and for the cost of repairing any damage caused by your dog. Yes No

By signing below, you agree to these conditions. Please explain any "no" answers and attach additional sheets if needed

Signature of Applicant _____ Date _____

Finance Worksheet – Planning for Your Dog

The questions below are meant for you to think critically about the financial impact a service dog may have on your life. While ConnorsK9-PAWS does not charge our clients for a service dog, we do require that our clients assume the financial responsibility that goes along with caring for the dog, including but not limited to food, veterinary care, treats, toys, beds, emergency costs, and possibly boarding.

Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences.

Do you feel comfortable taking this cost on? Yes No

Although \$2000 per year is a good place to begin budgeting, unexpected veterinary costs can happen. Please read the following scenario and explain how you would respond.

You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog, and they are tumbling around the yard. Later, when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – not an uncommon occurrence in large dogs. The cost will be anywhere from \$2,980- \$3,180 for surgery and post-operative expenses. Provide your answer below:

- What is the limit to the amount of money you could spend on veterinary care?

- How much money is too much to spend on these types of costs?

- Would you consider euthanasia due to high medical costs?

- Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:

ConnorsK9-PAWS Client Application (continued)

Source of Income

Professional Self-Employed Government Benefits Other

If you are employed, please describe your work:

Number of years in current place of work: Monthly Income: \$_____

Please estimate the following expenses on a Monthly basis where applicable:

- Rent/Mortgage \$_____
- Utilities \$_____
- Medical Care \$_____
- Car Payments \$_____
- Credit Card Payments \$_____
- Expenses for other animals in your home \$_____

Please take a moment to think critically about your monthly expenses and budget. Using this information and your current income, please fill out the following "Finance Worksheet" using your best estimates to map out what you can afford on a MONTHLY basis for your dog.

- Dog food: \$_____ (You can estimate that your dog will eat between 2-4 cups of dog food per day, depending on the size of the dog).
- Treats: \$_____
- Grooming: \$_____ (this cost will vary dramatically based on the type of dog you get. If you have specifically requested a poodle or poodle mix, this cost will be higher)
- Savings towards veterinary expenses: \$_____

ConnorsK9-PAWS Client Application Section B – Background Check

For us to process your application and schedule an interview, we will need a completed background check. Please complete the information below.

We will run the background check for you and destroy the sheet containing your SSN. Please type or print clearly.

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____

Email: _____

Social Security Number: ___ - ___ - ____ Date of Birth: _____

Marital Status: Single Married Divorced

Country: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Moved In: _____

Have you ever been convicted of a crime? A conviction will not necessarily bar you from receiving a dog. Yes No

If yes, please describe:

ConnorsK9 - PAWS Client Application - Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. We will need a physical letter from both people, either included with the application or sent separately to ConnorsK9 - PAWS

- 1) Personal (not a relative)
- 2) Professional (therapist, doctor).

Please send letters of recommendation to 1139 Koa Ct Castle Rock, CO 80104 or michael@connorsk9paws.org

1. _____

2. _____

Medical History Form

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to ConnorsK9-PAWS.

Patient's Last name _____ First _____ Sex: ___ Date of Birth _____

Release of Medical Information

I authorize _____ to release information regarding my condition to ConnorsK9-PAWS. This information will be used to evaluate and assess my situation and is essential for ConnorsK9-PAWS to custom train a service dog according to my physical and/or mental health needs.

Printed name _____ Date _____ Signature _____

To the Physician or Therapist:

If you have questions, please contact the ConnorsK9-PAWS:

Michael Connors 915-777-7579 michael@connorsk9paws.org

Please mail the completed form to:

ConnorsK9-PAWS 1139 Koa Ct Castle Rock, CO 80104

Practitioner's Name: _____ Specialty: _____

Address: _____

Telephone: _____ Fax: _____

Date of last examination: _____ Length of association with patient: _____

What is the patient's primary diagnosis? _____

What other conditions/diagnoses does the patient have?

The prognosis for the duration of impairment(s):

Prognosis for progression of impairment(s):

Prognosis for lifespan:

Daily medications (please list):

How severe is the patient's mobility impairment? (Please circle)

None Need assistive device Need full-time care

How severe is the patient's cognitive impairment?

None Need assistive device Need full-time care

Do limitations affect the patient's ability to control their behavior?

Normal Moderate Poor self-control

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

Ineffective Moderate Very competent

How reliable is the patient – on time for appointments, compliant with medications, etc.?

Unreliable Moderate Very reliable

* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e., feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

To what degree do limitations affect patient's ability to perform Activities of Daily Living*(ADL): Normal Moderate Severe

Is incapacity due to or affected by the patient's alcoholism or drug abuse? Yes No

A. Has patient ever been in treatment facility? Yes No

B. If yes, when and duration? _____

B. Has permanent damage resulted? Yes No

C. Has the patient refused treatment or a referral to a treatment center? Yes No

ConnorsK9-PAWS dogs may be skilled at the following tasks:

- Enhance balance while walking
- Enhance balance while going up or downstairs
- Provide brace for transfers or getting up from floor/chair
- Assist in pulling a wheelchair
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take things to another person
- Manners and obedience
- Retrieve dropped articles
- Push Lifeline or 911 button
- Find and retrieve phone
- Find help
- Retrieve from refrigerator
- Push handicap buttons
- Turn lights off and on
- Open and close doors

ConnorsK9-PAWS Service dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving a ConnorsK9-PAWS dog? If so, please describe:

Can you recommend that this patient receive a ConnorsK9-PAWS dog? Yes No
Why or Why Not? _____

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate \$2000/yearly) Yes No

May we contact you with questions? Yes No

Additional Comments or Remarks:

Signature of physician or therapist: _____ Date: _____