

K9 PARTNERS ASSISTANCE DOGS

PO Box 35048
Halifax RPO
Bedford, NS B3M 0G3
info@K9PAD.org



CLIENT-TRAINER APPLICATION

PART 1: APPLICANT SUMMARY

PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT THE APPLICANT

NAME	
DOB	
PRONOUNS	
PHONE NUMBER	
EMAIL ADDRESS	
MAILING ADDRESS	
ARE YOU A VETERAN OR FIRST RESPONDER?	
EMERGENCY CONTACT NAME AND PHONE NUMBER	

Please select which program you are applying for:

- Autism Client-Trainer Program
- PTSD Client-Trainer Program
- EDS Client-Trainer Program
- Veteran/First Responder Client-Trainer Program
- Other disability Client-Trainer Program _____

The information in this application may seem long. We use this information to ensure that we have the resources in place for client support. Please include any information that may allow us to get to know you and your requirements better.

When completed, please submit your application by emailing it to Applications@K9PAD.org. Once your application is received, a volunteer will confirm that we have your application and if it is complete. If you mail any of the portions, please send us an email to Applications@K9PAD.org and let us know when it was mailed.

In addition to this application package, you are also required to submit a prescription for a Service Dog for your disability. If the initial application package is deemed suitable, you will have an interview with our client support team.

APPLICANT NAME:

Submission of a completed application is not a guaranteed acceptance into the program. Our Client-Trainer program has stricter eligibility than our Program Supplied Service Dogs due to the intensity and commitment of the training program. Please ensure that you have reviewed all information on our website as well as the information provided to you by our team. If you have any questions about the application, please send an email to Applications@K9PAD.org.

Please answer the following questions:

1. What do you hope to achieve through participating in the K9PAD Client-Trainer Service Dog program?
2. What are you excited to learn to train?
3. Do you have training experience? If so, please explain.
4. Do you have other dogs or pets in the household? Please list them.
5. Do you have a dog that you would like to test for suitability? If so, please give us a quick summary of your dog including name, breed, age/dob, why you think the dog may be suitable.
6. Are you able to commit to daily training, weekly lessons, keeping training records, and public access outings for 2+ years?

APPLICANT NAME:

7. What are your top 3 favourite breeds? Why?

8. What are your 3 least favourite breeds? Why?

9. What are 3 things you enjoy about dogs?

10. What are some things you do not like about dogs?

11. K9PAD is very community based. We provide a network of support for our clients. A focus of ours is the social interaction portion of the training program and teaching disabled clients new skills. In fact, many of our clients go on to volunteer with our program! Is this something you are interested in? Please explain.

APPLICANT NAME:

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CLIENT-TRAINER APPLICATION PART 2: CONSENT TO DISCLOSE

CONSENT TO DISCLOSE PERSONAL HEALTH INFORMATION

K9 PARTNERS ASSISTANCE DOGS (K9PAD) require our Client Support Team to speak with the client's medical professional in order to discuss the client's disability, symptoms, and other factors that can help K9PAD determine suitability for a K9PAD Service Dog. All information received will be kept confidential and only accessed by members of K9PAD that are required to update the client's file, determine suitability, or communicate with the client.

The medical professional should be one that has treated the client consistently and is familiar with the client's health and disabilities.

When the client has a mental health diagnosis, the Client Support Team is required to speak with the client's mental health provider (ex. Psychiatrist, psychologist, etc). K9PAD may determine which care provider is required. A separate form is required for each health care provider.

Form must include:

- Diagnosis
- Symptoms
- Daily functioning
- Opinion on suitability to care for a Service Dog and follow up training as outlined by K9 Partners Assistance Dogs
- Disclosure about anger, aggression, emotional outbursts, safety around people and animals, history of abuse or neglect towards animals or people.
- Other information as required by K9PAD to determine suitability.

In addition to speaking with the health care providers, K9PAD requires a prescription.

All care providers that are involved with the client are to be informed of the client's desire to acquire a Service Dog.

All client files must be updated annually and kept current. These forms may change without notice.

Any questions about this document may be directed to ClientTeam@K9PAD.org.

APPLICANT NAME:

CONSENT FOR DISCLOSURE OF PERSONAL HEALTH INFORMATION

I (Client/Patient Name) _____, hereby authorize the (Name of Person/Agency Disclosing information) _____

to disclose personal health information to **K9 Partners Assistance Dogs Client Support and Training Team** at **Hammonds Plains, NS** for the purposes of the K9PAD application process, evaluating suitability for the K9PAD training program, and for ongoing support of the Client.

I, _____ consent to the following specific information to be disclosed:

I understand that the information being released will be used with strict confidentiality, and only for the purposes of participating in the K9PAD training program. This authorization may be withdrawn in writing at any time.

Name of Client:

Name of Witness:

Signature of Client:

Signature of Witness:

Date:

Date:

APPLICANT NAME:

K9 PARTNERS ASSISTANCE DOGS

Hammonds Plains, NS

info@K9PAD.org



CLIENT-TRAINER APPLICATION

PART 3: APPLICANT DOG ASSESSMENT

Please provide as much information as you can about your dog's training history and team training. Complete all applicable information which applies to your specific training. If you do not currently have a dog you would like assessed, please write a slash through the page and initial and date each page.

Please provide details about any training history. This includes approximate dates, trainer or business name, summary of training, training methods, and any reports you wish to submit. The more information that you can provide us, the easier it is to determine suitability. Please include additional pages if needed.

Ideally, we are looking for calm, confident, and healthy dogs. Prior to acceptance, our instructors will evaluate your dog for suitability.

General requirements we look for:

- Dog is under 18 months of age
- Suitable breed as discussed in our Dog Breeder Recommendations
- Dog is healthy and does not have a history of injuries and illnesses. Minor injuries/illnesses will be assessed on a case-by-case basis.
- History free of corrective and punishment-based training. Our training is conducted using clicker training. More information about our training methods is included on our website.

Please include training history in the space below. Include additional pages if required.

Applicant Name:

Please answer the following questions:

When did you get your dog?	
Where did you acquire your dog from?	
What purpose did you get your dog for?	
Has your dog ever bitten anyone or attempted to bite? If yes, explain	
Has the dog ever caused injury to anyone? Explain.	
What other animals do you have in the household?	
Who is your veterinarian?	
Is your dog current on vaccinations or titer testing?	
How often do you give flea/tick preventatives? Which one do you use?	
Has this dog ever been diagnosed and/or treated for any injuries or illnesses? Explain	
Does your dog currently take medications? Explain.	
Does your dog have allergies? Explain.	

Please tell us 3 things about your dog that you like and 3 things that you would like to improve on.

Applicant Name:

K9 PARTNERS ASSISTANCE DOGS

Hammonds Plains, NS

info@K9PAD.org



CLIENT-TRAINER APPLICATION

PART 4: VETERINARY REPORT

INSTRUCTIONS

1. If you have a dog that you would like assessed for suitability by one of our Instructors (Certified Dog Behaviour Consultants), please have the dog's veterinarian complete this part of the application. They may send it directly to us by email TrainingCoordinator@K9PAD.org or by mail to the address listed above.
2. If you do not currently have a dog you would like to test for suitability, you will be required to find a suitable puppy. This application includes a document titled Dog Breeder Recommendations to assist in finding a potential puppy.

NOTE TO VETERINARIAN

This applicant is applying to our Client-Trainer Service Dog program. They have chosen to have their current pet dog be assessed for suitability. Part of this assessment includes veterinary history and health clearance. We are interested in the overall health of the dog, and the care that the applicant has provided to this dog. If you have any questions about completing this document or have any concerns you would like to discuss, please do not hesitate to contact our training team at TrainingCoordinator@K9PAD.org. You may complete this document and send it directly to us at the same email, mail it to the above address, or have your client send it to us.

A service dog must be physically and mentally capable of performing tasks to mitigate aspects of the applicant's disability. Tasks may include physical activities such as pulling a wheelchair, providing balance support or reaching up to turn on light switches; or sensory activities like listening for doorbells and phones, watching for traffic, and responding to medical cues of the client. Service dog behaviour must be non-aggressive, no or low prey drive, and no resource guarding. It will also include long days, a lot of physical and mental training, and be required to keep up with the client (The program emphasizes the dog's wellbeing and ensures the client understands how to destress, provide enrichment, and down time to the dog, as well as how to recognize signs that the dog may need a break). It also includes the ability to remain focused on task and to remain quietly in a down-stay when required. Any physical, medical or behavioural condition which impacts the dog's ability to work may pose a serious threat to the applicant, the dog and/or the public.

All of the dogs completing our program are required to complete the OFA hips and elbows testing (preliminary test at 12-18 months. If the dog applying is over 12 months old they must have successful preliminary results (OFA Good or Excellent for hips and Normal for elbows) in order to continue with training. Fair hips will be accepted on a case-by-case basis.

Applicant Name:

NAME OF DOG	
DOB	
SEX	
BREED	
OWNER(S)	
MICROCHIP	
TATTOO	
SPAY/NEUTERED	
SPAY/NEUTER DATE AND PLEASE ATTACH A SPAY/NEUTER CERTIFICATE	
DOG'S PRIMARY VETERINARIAN	
WHEN DID THE APPLICANT FIRST ACCESS SERVICES AT THIS CLINIC FOR THIS DOG	
DATE OF LAST APPOINTMENT AND REASON	
IS THE DOG CURRENT ON VACCINATIONS OR TITRE TESTING? PLEASE ATTACH A REPORT SUMMARIZING THE VACCINE HISTORY	
DATE OF LAST RABIES VACCINE	

Please complete the following to the best of your knowledge:

Have you witnessed the dog displaying any of the following behaviour or are you aware of the following having occurred in the past?

Applicant Name:

BEHAVIOUR	YES	NO	N/A	NOTES
Aggression				
Excessive fear reactions				
Exaggerated startle response; does not recover appropriately				
Enhanced prey drive				
Anxiety (specify)				
Separation anxiety				
Fighting				
Bites				
Resource guarding				
Protective type behaviours				

Please include any other negative behaviours that you have witnessed or know of:

Our training program is 2 years long. Service Dogs must be healthy and free from illness/injury that may put more strain on their body. Example, dogs with hip dysplasia, joint surgery, or chronic illness or allergies will not be suitable to begin our program. Has the dog been diagnosed/treated for any of the following? If so, please include details.

HEALTH/INJURY	YES	NO	N/A	NOTES
Arthritis				
Skeletal injury				

Applicant Name:

Obesity or malnourishment				
Significant weight loss or weight gain				
Vision or hearing loss				
Eye issues				
Ear infections				
Allergies				
Skin condition				
Protective type behaviours				
Do you have any concern over the physical structure of the dog? Describe.				

Please include any other health information that you feel is relevant.

Having reviewed the information above, in your opinion, is this dog able to participate in service dog training to learn to mitigate the symptoms of the disability of the applicant? Please consider any impact that the health concerns may have had on the dog's development or future health.

- Yes
- No (Explain):

NAME OF VETERINARIAN	
NAME OF CLINIC	

Applicant Name:

MAILING ADDRESS	
TELEPHONE	
EMAIL	
DATE	
VETERINARIAN'S SIGNATURE	

CERTIFICATION AND CONSENT TO RELEASE INFORMATION

1. I certify that the information I have given to the veterinarian completing this report is, to the best of my knowledge, true and complete. (Initials) _____
2. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my status within K9 Partners Assistance Dogs. (Initials) _____
3. I understand that K9 Partners Assistance Dogs reserves the right to determine a dog's suitability into the program at any time during the training or working life, despite a veterinarian's clearance if K9PAD deems the dog's health unsuitable for the type of training. (Initials) _____
4. I understand that K9 Partners Assistance Dogs reserves the right to request another opinion (at the cost of the applicant/client) and specify the veterinary clinic to perform the examination. (Initials) _____
5. I authorize the release of the veterinarian's report and all my past or future medical reports pertaining to the dog identified in Part 1 to the staff of the Service Dog Program as related to my application and training through K9 Partners Assistance Dogs. (Initials) _____

Veterinarian Name:

Signature:

Date:

Applicant Name:

Signature:

Date:

Applicant Name:

K9 PARTNERS ASSISTANCE DOGS

Hammonds Plains, NS

info@K9PAD.org



**CLIENT-TRAINER APPLICATION
PART 5: MEDICAL INFORMATION
(APPLICANT PORTION)**

NAME	
DOB	
PRONOUNS	

PLEASE COMPLETE THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY. OUR CLIENT-TRAINER PROGRAM HAS STRICTER ELIGIBILITY CRITERIA THAN OUR PROGRAM SUPPLIED SERVICE DOGS. OUR CLIENT SUPPORT TEAM AND TRAINING STAFF WILL ASSESS THE INFORMATION FOR SUITABILITY TO OUR PROGRAM.

PRIMARY DIAGNOSIS (REASON FOR SERVICE DOG)	
OTHER MEDICAL CONDITIONS	
DISABLING SYMPTOMS THAT YOU ARE REQUESTING A SERVICE DOG FOR	
OTHER SIGNIFICANT SYMPTOMS	

APPLICANT NAME:

LIST ANY MOBILITY AIDS THAT YOU USE	
LIST ALLERGIES	
LIST ANY OTHER ADAPTIVE AIDS OR EQUIPMENT	
ACTIVITY LEVEL; LIST ANY ACTIVITIES AND SPORTS YOU ARE INVOLVED WITH	
DO YOU LIVE ALONE? IF NOT, EXPLAIN.	
DO YOU HAVE FREQUENT FALLS?	
DO YOU HAVE VISION OR HEARING LOSS? EXPLAIN.	

APPLICANT NAME:

DO YOU REQUIRE ASSISTANCE FROM AN INFORMAL CAREGIVER FOR DAILY TASKS ON A REGULAR BASIS?	
ARE THERE ANY OTHER PERSONAL SAFETY CONCERNS THAT WE SHOULD BE AWARE OF?	
TYPES OF TREATMENT YOU ARE CURRENTLY INVOLVED IN.	
ARE YOU ABLE TO FUNCTION IN VARIOUS SOCIAL SETTINGS?	
ARE YOU ABLE TO FUNCTION IN SMALL GROUPS?	
ARE YOU ABLE TO FUNCTION IN PAIRS OR WITH ONLY A FEW INDIVIDUALS	
ARE YOU ABLE TO KEEP A SCHEDULE THAT ALLOWS FOR CARE OF A PUPPY?	
ACCOMODATIONS REQUESTED	

APPLICANT NAME:

PLEASE LET US KNOW ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOUR MENTAL OR PHYSICAL HEALTH.

IN YOUR WORDS, WHAT TASKS DO YOU REQUIRE FROM A SERVICE DOG? PLEASE CHOOSE AT LEAST THREE. OUR TEAM WILL ASSIST IN DETERMINING APPROPRIATE TASKS BASED ON THE INFORMATION YOU PROVIDE.

PLEASE INCLUDE ANY OTHER INFORMATION THAT YOU WOULD LIKE US TO KNOW.

NAME:

SIGNATURE:

DATE:

APPLICANT NAME:

K9 PARTNERS ASSISTANCE DOGS

Hammonds Plains, NS

info@K9PAD.org



CLIENT-TRAINER APPLICATION PART 5: MEDICAL INFORMATION (MEDICAL PROFESSIONAL PORTION)

INSTRUCTIONS FOR MEDICAL PROFESSIONAL

Your patient is applying for a medical Service Dog through our Client-Trainer program at K9 Partners Assistance Dogs. This form is to ensure suitability for this specialized Service Dog training program from K9 Partners Assistance Dogs. Our requirements may differ from other programs. This form is to be completed by the attending physician or medical professional that is familiar with the client's overall health and functioning. If the client has a mental health diagnosis or concerns, a separate form must be completed by the mental health professional in addition to this form. All expenses incurred are the responsibility of the client.

This form must be completed fully and accurately. Any missing information may prevent the client's application from being successful. If you require assistance in completing this form, please reach out to our team at Applications@K9PAD.org. Please do not exclude any information. All clients undergo intensive training prior to and after receiving their Service Dog. Lessons may be group or private lessons. Classes may be mixed with different disabilities, genders, ages, and personalities. Clients are expected to be able to fully participate in the training requirements. Please list any accommodations that you feel your client would require in order to be successful. Not all accommodations are able to be met, dependent on the program's requirements.

You may send this back in a sealed envelope with the client (indicate on forms), or contact us to send us the forms directly (Applications@K9PAD.org)

In addition to this form for the application, the client will be required to acquire a prescription for a Service Dog (stating which disability) and complete forms for the province when the team is set to challenge the certification test. We require one of our Client Support Team members to speak to one of the client's medical professionals.

You may submit a progress report or other medical report that includes the information included in this application.

Attached is a Consent to Release Information form for the client.

Some of the requirements that a client must be able to meet:

- Disability that is permanent and stable
- No major changes expected in the next two years
- No frequent hospitalizations
- Ability to attend group lessons
- Ability to attend private/semi-private lessons
- Able to interact with different staff and volunteers
- Reliable transportation to and from lessons around HRM

APPLICANT NAME:

- Not actively suicidal or homicidal
- No suicidal attempts in the past two years.
- No history of being abusive to people or animals.
- No history of neglect towards an animal.
- Client must be financially able to care for the Service Dog:
 - Food, supplies, approved toys, crate, regular veterinary care, emergency veterinary care, accidents and injuries, harness (if required). This can cost \$200+/month.
- Client must be able to follow the requirements of the program, including but not limited to:
 - Daily maintenance training with their Service Dog
 - Daily exercise
 - Feeding and water guidelines
 - Feed only approved food
 - Attend lessons as required
 - Provide monthly reports to the K9PAD Training Team
 - Submit veterinary reports after every visit.
- Client must have a secondary caregiver for the Service Dog. These individuals must be willing to take care of the Service Dog in the event that the client is unable.

Service Dogs are NOT trained for/to:

- Aid in protection, encourage strangers to stay away, guard the client, etc.
- Emotional support or providing comfort.
- A cure or magical treatment.

Service Dogs ARE trained for/to:

- Aid with specific tasks to mitigate a disability.
- A specific person
- Be used as a tool to aid the client with their disability.

APPLICANT INFORMATION:

NAME	
DOB	
PRONOUNS	

MEDICAL PROFESSIONAL INFORMATION:

NAME	
TITLE	
PHONE NUMBER	

APPLICANT NAME:

EMAIL ADDRESS	
CLINIC NAME	
ADDRESS	

WHAT YEAR DID YOU START TREATING THIS CLIENT/WHAT IS THE FREQUENCY THAT YOU SEEM THEM:
PRIMARY DIAGNOSIS
PRIMARY DISABLING SYMPTOMS
OTHER DIAGNOSES
OTHER SYMPTOMS
COMPLICATIONS

QUESTION	YES	NO	NOTES (if applicable)
Does the client use any aids? Ex. Mobility aids, hearing aid, support person, etc.			

APPLICANT NAME:

Can the client navigate stairs?			
Does the client require regular medications?			
Does the client require regular medication changes?			
Is the client compliant with their medications?			
Is the client suicidal?			
Does the client experience suicidal ideations?			
Has the client ever attempted suicide?			
Does the client experience emotional outbursts at other people or animals?			
Is the client impulsive?			
Does the client have a history of becoming emotionally or physically abusive?			
Has the client ever experienced homicidal tendencies or ideation?			

APPLICANT NAME:

Is the client capable of fully caring for a Service Dog 24/7?			
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How does the client’s disability affect their day-to-day living?

A Service Dog requires more care and attention than a pet dog. The client must be able to adapt their lifestyle and schedule to suit the care and upkeep according to our requirements. They must follow a strict diet and care plan. K9PAD requires annual follow-up recertification and group lessons. Failure to do so will result in removal from our program. If the client received a fully trained program dog, the dog will be returned to K9PAD. Service Dogs are not a cure, they are a tool that must be used properly.

QUESTION	YES	NO	NOTES (if applicable)
Is the client able to adapt their lifestyle to support a Service Dog?			
Is the client able to exercise their Service Dog daily?			
Is the client able to follow our policies and procedures for the life of the Service Dog?			
Is the client able to attend lessons multiple times per year for the life of the Service Dog?			

APPLICANT NAME:

QUESTION	YES	NO	NOTES (if applicable)
Does the client rely on formal or informal caregivers to perform daily tasks?			
Is the client able to transport themselves around HRM for lessons?			
Does the client require someone with them more than half of the time?			
Does the client work? If no, when did they last work?			
Does the client attend school? Explain.			
Is the client compliant with treatment, appointments, and medications?			
Does the client require an escort to appointments?			
Do you have any concerns about the client attending private, semi-private, and group lessons?			
Does the client have aversions or difficulties with different genders?			

APPLICANT NAME:

Do you believe that the client requires the use of a Service Dog daily?			
Do you believe that the client can care for a Service Dog?			
Do you have any concerns about the client receiving a Service Dog?			

What medical professionals does this client see?

In your own words, please describe how your client would benefit from a Service Dog, if you think the client is 100% capable of caring for a Service Dog to our standards by themselves, and if you have any concerns.

APPLICANT NAME:

May we contact you to discuss the client? If so, which method of contact is best for you?

Have you attached a prescription for a Service Dog? YES NO Initials_____

(MEDICAL PROFESSIONAL) NAME:

TITLE:

SIGNATURE:

DATE:

APPLICANT NAME:

K9 PARTNERS ASSISTANCE DOGS

Hammonds Plains, NS

info@K9PAD.org



CLIENT-TRAINER APPLICATION

PART 6: LIABILITY WAIVER

I understand that there are inherent risks associated with training, socializing, walking and working with dogs in general. I assume any and all responsibility for myself and my dog(s) during training, walking and any other work with **K9 Partners Assistance Dogs Training Society (also known as "K9PAD")**, assuming due diligence and care have been exercised. I will not hold **K9PAD**, its volunteers, any affiliates or property owners responsible for any injuries or misfortunes (to or by me or my dog) while training, boarding, walking or any other work, should they occur. I further understand that due to the way that dogs interact with one another, injuries or illnesses can occur to me or my dog, even though the dogs are carefully supervised. I also understand that my participation in any of these activities is not without risks such as tripping, falling, getting knocked down and jumped on, bitten, scratched, etc.

I also understand that in participating in any of **K9PAD's** programs, that **K9PAD** has relied upon my representation that my dog(s) are in good health and have received the necessary vaccinations (or equivalent alternatives) as agreed upon by my veterinarian.

I hereby release and agree to save and hold harmless, **K9PAD**, its volunteers, any affiliates or property owners from any and all liability, claims, suits, actions, loss, injury or damage of any nature or kind, or for any liability, claims, suits, actions, loss, injury or damage which I or my dog(s) may sustain or which may be caused in any way by my dog(s). I specifically, without limitation, agree to fully indemnify **K9PAD**, its volunteers, any affiliates or property owners for any and all such liability, claims, suits, actions, losses, injury or damage. I understand that I am solely financially responsible for any damage or harm caused by my dog during training, socializing, or walking.

I take it upon myself to ask questions and use my own common sense. I understand that I do not have to do anything or allow anything to be done that I do not feel comfortable with.

I certify that I have read and understand the rules and regulations set forth herein and that I have read and understand this agreement. I agree to abide by the rules and regulations and accept all the terms, conditions and statements of this agreement and confirm the truthfulness of the contents of this release form completed by me. Some programs are not appropriate for all dogs. **K9PAD** reserves the right to remove or refuse a dog from any of the K9 Partners Assistance Dogs programs.

Participant's Name: _____ Dog Name: _____

Signature: _____ Date: _____

K9PAD Witness: _____ Signature: _____

Date: _____ City: _____

APPLICANT NAME: