

## CAREER CHANGE DOG APPLICATION

**PLEASE UNDERSTAND THAT CAREER CHANGE DOGS ARE NOT SERVICE DOGS AND MAY NOT BE USED AS SUCH. THEY ARE NOT TRAINED AS THERAPY DOGS, BUT SOME COULD BE FURTHER TRAINED AND CERTIFIED FOR THERAPY DOG USE. CAREER CHANGE DOGS ARE DOGS THAT HAVE BEEN DEEMED UNFIT FOR SERVICE DOG WORK AND ARE REHOMED AS PETS.**

Applicant's Name: \_\_\_\_\_

Specific dog you are applying for (if known): \_\_\_\_\_

Home Address

Phone Numbers:

Street: \_\_\_\_\_

Home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

Mailing Address (if different):

Work: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will there be a caretaker besides you for the dog? Yes / No

Primary Email: \_\_\_\_\_

If yes, who is the caretaker \_\_\_\_\_

Secondary Email: \_\_\_\_\_

### Current residents in your home:

| Name | Age | Relationship to Applicant | Full or Part time Resident? | Comfort level / experience with dogs |
|------|-----|---------------------------|-----------------------------|--------------------------------------|
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The ages of other individuals that may stay overnight in your home: \_\_\_\_\_

Are all residents on board with bringing a dog into the house? Yes / No

Are any of the residents allergic to dogs? Yes / No

Circle your type of residence:    House    Apartment    Condo    Town House    Other: \_\_\_\_\_

Do you own or rent? \_\_\_\_\_ If you are renting, do you have landlord approval to have the dog? Yes / No

Will the dog have access to all parts of your home? Yes / No    If no, where will the dog be allowed? \_\_\_\_\_

Do you have room for a large crate in your residence? Yes / No

Do you have a yard? Yes / No    Approximate size of yard: \_\_\_\_\_ Is your yard securely fenced? Yes / No

Height of fence: \_\_\_\_\_    If not fenced, how are you planning on letting the dog outside?: \_\_\_\_\_

**Pet history over the last 10 years:**

| Type | Breed | Years Owned | Do you have this pet currently? | If not, please explain why: |
|------|-------|-------------|---------------------------------|-----------------------------|
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Do current pets have experience with dogs? \_\_\_\_\_

If you have dogs, circle what your dogs prefer:    Male Dogs    Female Dogs    No Preference

**Transportation**

Do you own a vehicle? Yes / No    If yes, what type of vehicle do you drive? \_\_\_\_\_

Do you have room in your vehicle for a dog crate? \_\_\_\_\_

If no vehicle, how will you transport the dog when necessary? \_\_\_\_\_

\_\_\_\_\_

**Employment:**

Where do you work? \_\_\_\_\_ How many hours a week do you work?: \_\_\_\_\_

Are you able to take the dog to work? Yes / No

If yes, describe your work environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How often will you take the dog to work? \_\_\_\_\_

What will the dog do while you are working?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School:**

Are you attending school? Yes / No Hours per day: \_\_\_\_\_

**While you are gone:**

If the dog will not be with you during the day is there someone able to take care of the dog's bathroom and exercise needs during the day? Yes / No If yes, who?: \_\_\_\_\_

\_\_\_\_\_

What do you plan to do with the dog if you leave the dog at home alone? \_\_\_\_\_

\_\_\_\_\_

What is your plan for the dog when you travel? \_\_\_\_\_

**Sleeping:**

Where will you have the dog sleep at night? \_\_\_\_\_

**\*\*\* ALL DOGS PLACED BY CORNERSTONE COMPANIONS MUST BE INDOOR DOGS AT NIGHT\*\*\***

Where will the dog lay down during the day? \_\_\_\_\_

Will you allow the dog on your furniture? \_\_\_\_\_

**Exercise:**

|   |                               |
|---|-------------------------------|
| Check all types of exercise that you plan to do with the dog: |                               |
| <input type="checkbox"/>                                      | On-leash walking              |
| <input type="checkbox"/>                                      | Running/Jogging               |
| <input type="checkbox"/>                                      | Hiking                        |
| <input type="checkbox"/>                                      | Dog Park                      |
| <input type="checkbox"/>                                      | Off-leash at an unfenced park |
| <input type="checkbox"/>                                      | Swimming                      |
| <input type="checkbox"/>                                      | Running next to a bicycle     |
| <input type="checkbox"/>                                      | Playing in resident's yard    |
| <input type="checkbox"/>                                      | Other:                        |

How frequently are you planning on exercising the dog? \_\_\_\_\_  
 \_\_\_\_\_

For how long? \_\_\_\_\_

Will the dog be playing frequently with other dogs? \_\_\_\_\_  
 \_\_\_\_\_

Are there places for the dog to safely run around near your home? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dog Owner Commitment**

Do you have any disabilities that may make it difficult to handle a dog? \_\_\_\_\_  
 \_\_\_\_\_

What challenges do you expect to face owning a dog from Cornerstone Companions? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What concerns do you have regarding receiving a career change dog? \_\_\_\_\_  
 \_\_\_\_\_

Are you aware that a career change dog from Cornerstone Companions has NO PUBLIC ACCESS as a working dog and is NOT a service dog or to be used as such?      Yes / No

Please fill in the name of the individual that will be taking care of the following needs of the career change dog:

|                                |                   |
|--------------------------------|-------------------|
| Feeding: _____                 | Exercising: _____ |
| Letting out to go potty: _____ | Grooming: _____   |
| Buying Pet Supplies: _____     | Vet Visits: _____ |



Where are common places in the community that you frequently visit with the career change dog? \_\_\_\_\_

Can you afford an average cost of \$150 per month for food, routine vet care and supplies for a dog? Yes / No

Are you able to afford emergency veterinary bills that could cost several thousand dollars? Yes / No If no, what is your plan to cover these costs if they arise? \_\_\_\_\_

Are you aware that owning a dog is a 10-14 year commitment? Yes / No

Where would the dog go if you could no longer take care of the dog? \_\_\_\_\_

Do you plan on using your dog in competitive dog sports (example: agility)? \_\_\_\_\_

Do you already have a service animal? Yes / No

Have you had a service animal in the past? Yes / No

Have you owned a career change dog in the past? If yes, from what organization? \_\_\_\_\_

### Career Change Dog Preferences

**NOTE: We cannot guarantee that we have a career change dog available that fits all of your preferences**

Size: small (10-25lbs) medium (26-50lbs) large (51-90lbs) extra large (over 90lbs) No Preference

Gender: Male Female No Preference

Do you prefer a hypoallergenic dog? Yes / No If yes, is it due to allergies? \_\_\_\_\_

Is English your first language? Yes / No If not, what is? \_\_\_\_\_

How will you communicate commands? English Speech Speech in Other Language: \_\_\_\_\_

Hand Signals Other: \_\_\_\_\_

### Receiving a Central Coast Dog Services Career Change Dog

How much of the dog's training are you planning on continuing? \_\_\_\_\_

How are you planning on receiving your career change dog? \_\_\_\_\_



What do you expect your experience to look like before you receive your career change dog? \_\_\_\_\_

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How will you prepare to bring a new dog into your life and household? \_\_\_\_\_

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What type of support would you like to request of Cornerstone Companions staff in helping your new dog become a part of your home and family? \_\_\_\_\_

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What do you expect your life to look like after receiving a career change dog from us? \_\_\_\_\_

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Is there anything else that you believe would be helpful for Cornerstone Companions to know about you and your family? \_\_\_\_\_

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Fill out the calendar below with a general outline of what your average week looks like:

|      | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| 6am  |        |        |         |           |          |        |          |
| 7am  |        |        |         |           |          |        |          |
| 8am  |        |        |         |           |          |        |          |
| 9am  |        |        |         |           |          |        |          |
| 10am |        |        |         |           |          |        |          |
| 11am |        |        |         |           |          |        |          |
| noon |        |        |         |           |          |        |          |
| 1pm  |        |        |         |           |          |        |          |
| 2pm  |        |        |         |           |          |        |          |
| 3pm  |        |        |         |           |          |        |          |
| 4pm  |        |        |         |           |          |        |          |
| 5pm  |        |        |         |           |          |        |          |
| 6pm  |        |        |         |           |          |        |          |
| 7pm  |        |        |         |           |          |        |          |
| 8pm  |        |        |         |           |          |        |          |
| 9pm  |        |        |         |           |          |        |          |
| 10pm |        |        |         |           |          |        |          |
| 11pm |        |        |         |           |          |        |          |

Applicant's FULL Legal Name: \_\_\_\_\_

I, \_\_\_\_\_ understand that if I can no longer keep my adopted career change dog, that I must legally release the dog back to Cornerstone Companions Service Dogs, and agree that the information provided on this application is accurate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_