Pawsitive Beginnings

Candra Gurney | (970) 765-8963
Pawsitivebeginningsk9@gmail.com

Preliminary Service Dog Application

Please Select all that apply:

□ Autism Assistance □ Wheelchair/Mobility Assistance □ Stability Assistance

□ Psychiatric Assistance □ Medical Alert/Seizure Alert □ Signal Alert

Client Info: To be completed by a parent or guardian if under 18

Name (Parent/Guardian) _____

Childs Name (If applicant is under 18) _____

D.O.B _____ (circle one) Male / Female

Height _____' _____" Weight _____lbs

Street Address: _____

City_____ State _____ Zip _____

Mailing Address (if different): _____

City_____ State _____ Zip _____

Home phone (___) _____ - _____ Cell (____)____ -_____ Other (____)_____ -_____

Email Address _____

Preferred Method of Contact_____

School Info (if Applicable):

School Name _____Public / Private (circle one)

Street Address: _____

City_____ State _____ Zip _____

Office phone (___) _____ - _____ County _____ District _____

Medical Info:

Doctors Name _____

Office Name (if applicable) _____

Street Address: _____

City_____ State _____ Zip _____

Office phone (___) _____ - _____

Primary Diagnosis_____

Age at time of Diagnosis _____ Secondary Diagnosis _____

How many hours per week are you in school or therapies? _____ What types of therapies are you currently involved in (including special programs at school)?

_____

_____

_____

Please describe the most significant symptoms of the illness and how it affects you:

_____

_____

_____

_____

(Attach sheet if necessary)

Check any and all medical problems that apply to you:

_Arthritis

_Heart Disease

_Asthma

_Seizures or fainting

_Alcohol or Drug Dependency

_Allergies (list)

_____

_____

_____

_____

_High Blood pressure

_Hearing impairment

_Psychiatric Problems

_Visual Impairment

_Diabetes

_Other_____

Do you use a wheelchair? □ Yes □ No If so, (circle one) electric or manual?

Do you use any other mobility aids? □ Yes □No

If yes, please describe_____

On a scale of 1 to 5 (one = poor to five = excellent) describe your:

Upper body strength	1	2	3	4	5
Range of motion	1	2	3	4	5
Grip strength	1	2	3	4	5
Dexterity	1	2	3	4	5

On a scale of 1 to 5 (one = poor five = excellent) please indicate any of the following conditions that may apply. Attach additional pages if necessary to describe any of the behaviors below:

Seizures	1	2	3	4	5
Panic Attacks	1	2	3	4	5
Violence	1	2	3	4	5
To self	1	2	3	4	5
To others	1	2	3	4	5
To property	1	2	3	4	5
Mood Swings	1	2	3	4	5
Hallucinations	1	2	3	4	5
Nightmares	1	2	3	4	5
Night Awakenings	1	2	3	4	5
Racing thoughts	1	2	3	4	5
Distractibility	1	2	3	4	5
Suicidal Behaviors	1	2	3	4	5
Self Stimulating Behaviors	1	2	3	4	5
Disassociation	1	2	3	4	5
Impulsivity	1	2	3	4	5
Poor judgment	1	2	3	4	5
Self care deficits	1	2	3	4	5
Difficulty managing environment	1	2	3	4	5
Difficulty completing tasks	1	2	3	4	5
Child Bolts or runs away	1	2	3	4	5

Will you want your dog to help support you while you are walking or getting up?
If so, describe _____

_____

Are you restricted in the use of your hands or arms? □ Yes □No
If yes, how so? _____

_____

Is one side of your body stronger than the other? □ Yes □ No □ Left □ Right

On which side would you want the dog to work most of the time? □ Left □ Right
Why? _____

Do you have spasms in your arms or legs? □ Yes □ No
If so, how quickly do they pass?_____

Do you bruise easily? □ Yes □ No
Could a dog put his front legs up on your lap without hurting you? □ Yes □ No

Are you able to issue voice commands in a clear, audible voice? □ Yes □ No
Are you able to issue hand signals? □ Yes □ No

Is your mobility limited? Please describe _____

_____

Do you require the assistance of an aide or family member for daily living skills? □ Yes □ No
If so, what are that person's responsibilities (including the tasks they do for you or aid you to do, and number of hours worked per day)?
Name _____ Hours Worked_____Telephone (____) _____ - _____
General Duties_____

_____

Are they willing to assist with the daily care of a Service Dog, if needed? □ Yes □ No

Do you anticipate future surgery or hospitalization for any reason? □ Yes □ No

If yes, explain. _____

_____

Do you have any cognitive difficulties (such as memory problems, inability to concentrate) that would affect your ability to manage a Service Dog? □ Yes □ No

If so, describe. _____

_____

Do any of your current medications have severe side effects that would impair your ability to manage a Service Dog or impact learning how to work with your dog?

_____

_____

_____

Other Info:

With whom do you live?_____

You currently reside in a (please circle) house / apartment / duplex / other: _____

Other persons living in your home:

Name _____ D.O.B _____ Male / Female

Name _____ D.O.B _____ Male / Female

Name _____ D.O.B _____ Male / Female

Name _____ D.O.B _____ Male / Female

Your residence currently has: (please circle) fenced yard / enclosed area / other

Please Describe _____

Do you have other pets? (list species, breed, age and sex)

_____

_____

_____

Is anyone in your home allergic to dogs or pet dander?_____

Have you previously owned a service or assistance dog? _____

Describe the ways you believe a Service Dog can assist you. What are your hopes, fears, goals?

_____

_____

_____

_____

_____

Do you have any experience working with animals? If yes, please explain.

_____

Will your family accept a trained dog as an equal partner in your house? □ Yes □ No

Where will your dog be taken for toilet requirements? _____

When do you get out of bed in the morning? _____

What time do you retire in the evening? _____

Describe your daily schedule _____

_____

_____

Who will help you with the dog's care if you are sick and cannot get outside:

Name_____ Phone_____

Proximity to the your home _____

Where will the dog be exercised and have playtime?

_____

Do you have any concerns regarding owning a service dog?

_____

How much exercise, on average, per day, do you think that a dog needs? _____

Describe your definition of exercise and an exercise plan you could implement for your dog.

_____

Are you willing to participate in on-going training sessions once you receive a Service Dog?

□Yes □ No

The information on this application is correct to the best of my knowledge.

Applicant signature_____ Date_____

Print Name _____ Relationship *(If applicant is under 18)* _____