



## Cover Letter for Service Dog Applicants

**IMPORTANT: Please read this letter carefully BEFORE beginning the application.**

Dear Applicant:

Thank you for your interest in obtaining a service dog from the Foundation for Service Dog Support, Inc. (FSDS). Enclosed is an application packet, that must be completed in its entirety before we will process your application. **Incomplete application packets will not be considered.** Please make a copy of your completed packet for your records PRIOR to mailing it to the address on this letterhead. Note that there are two routes by which you may obtain a service dog (SD), so please read all forms carefully and complete those which are appropriate for your needs.

Your packet contains all of the following materials:

- Service Dog Application
- Professional Reference Form
- Personal Reference Form
- Physician Statement of Disability
- Medical History Form
- Emergency Contact Information Form
- Veterinary Clearance Form (required by those who seek to train their own dog)
- Consent / Non-consent for Medical Treatment Form
- Photo Release Form
- Communication Consent Form
- General Release of Liability Form
- Notice of Privacy Practices
- Notice of Costs and Financial Resources
- FSDS Code of Conduct / Acknowledgement Form
- Prior two years tax returns if applying for the Pawsitive Community Program

*Proof of U.S. Citizenship must be provided if a classroom visit is authorized*

Applicants with military service are required to submit the following:

- DD214 Form that contains separation code, for military veterans (please use marker to black out SS#)
- A photocopy (front and back) of military ID card for active duty military

Once your completed application is accepted, the information will be sent to our Selection Committee for pre-screening. Only those applicants who receive approval from the Committee will be asked to complete the application process. You will receive a call from a staff member informing you of the status of your application after the Committee has reviewed your request. If your request is approved by the Committee, we will schedule a phone interview for you with a program counselor. After the interview, you will be asked to attend three (3) classes so that our staff can observe you working with our students and dogs. The next step in the process will be a home study evaluation. Before completing all of the steps above, the staff will meet to determine your eligibility to receive a dog from our program. **Please do not attempt to contact us to inquire about the status of your application once submitted.** You will be contacted immediately once a decision has been reached.

If you have any questions regarding *completing* this application, please do not hesitate to contact us along the way by phone or email.

Best wishes,  
Jessica Parker  
Lead Trainer / Associate Facility Manager, FSDS

**Please email completed packet to:**  
[Jessica.parker@servicedogsupport.org](mailto:Jessica.parker@servicedogsupport.org)



Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART I: Personal information**

Name of applicant \_\_\_\_\_

Gender:       Male       Female      Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street address \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please select the option for receiving a service dog that you choose to pursue:

- I wish to be awarded a dog that has been fully trained
- I wish to participate in the program as a student and train the dog for my own needs

Have you ever been convicted of a felony?                       Yes                       No

Are there currently any felony charges pending against you?       Yes                       No

**Part II: Family/Living Situation**

What is your marital status?

- Single, never married       Married       Divorced       Widowed       Separated

In what type of residence do you reside?

- Private home                       Apartment                       Dormitory
- Assisted Living Facility       Group Home                       Mobile Home
- Other \_\_\_\_\_

Do you live in a single story home?                       Yes                       No

If no, is there an elevator available for your use?       Yes                       No

Are there any stairs that lead up to your residence?       Yes                       No

If yes, is there a ramp available for your use?               Yes                       No

With whom do you live?

- Alone                       With spouse or significant other     With parents  
 With minor child(ren)     With grown child(ren)                       With roommate  
 With live-in caregiver     Other (please specify) \_\_\_\_\_

Do you have any children?     Yes                       No

If yes, please specify gender and ages \_\_\_\_\_

Are there any other family members in your home with disabilities?

- Yes                       No                       Not applicable

If yes, please specify \_\_\_\_\_

Do you have a fenced yard available for your use?                       Yes                       No

Is there an in-ground pool in your yard?                       Yes                       No

If yes, is the pool area fenced?                       Yes                       No

### **Part III:                      Employment Situation**

What is your current employment status?

- Employed, full time                       Employed, part time                       Employed, per diem  
 Unemployed                       Student (please specify) \_\_\_\_\_

What is your primary source of income?

- Self, through employment                       Disability                       Spouse or significant other  
 Other (please explain) \_\_\_\_\_

*Please answer the following questions only if you are employed.*

Do you work outside of your home?                       Yes                       No

If yes, where do you work? \_\_\_\_\_

What is your job title? \_\_\_\_\_

Are you regularly exposed to paints, fumes or chemicals or other potential toxins where you work?                       Yes                       No

If yes, please explain \_\_\_\_\_

Is your work location stationary (ie: office/desk job, classroom)?     Yes                       No

If no, please explain \_\_\_\_\_

Are you exposed to any loud noises on a regular basis on your job?  Yes  No

If yes, please explain \_\_\_\_\_

**Part IV: Pets**

Do you currently have any pets in your home?  Yes  No

If yes, please describe the number, type, gender, breed and ages of all pets \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a dog before?  Yes  No

If yes, please tell us how you were able to care for the dog. \_\_\_\_\_

\_\_\_\_\_

Is anyone in your home allergic to animals?  Yes  No

If yes, please explain \_\_\_\_\_

Does anyone in your home have a fear of dogs?  Yes  No

If yes, please explain \_\_\_\_\_

**Part V: Service to Community**

Are you a military veteran?  Yes  No

If yes, in which branch of the military did you serve?

Army  Navy  Marines  Air Force

National Guard  Coast Guard  Other \_\_\_\_\_

Have you ever worked as a community servant in any of the following positions?

Police officer  Firefighter  Emergency medical services

School teacher  Social services

During your career, have you ever worked to serve any of the following populations?

Individuals with disabilities  Elderly  Abused children

Battered women  Terminally ill patients  Animal rescue

Please provide specifics regarding your service to community, including the name of the agency you worked with, the length of time served and a brief description of the type of services you provided.

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Are you applying to receive a fully funded service dog through our Pawsitive Community Program? (You will be required to log a minimum of 350 volunteer service hours prior to receiving your dog in order to qualify).       Yes       No

**Part VI: Acknowledgement and Signature**

I certify that all of the answers I have provided on this application are up to date, accurate and true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant (or parent/guardian, if applicant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of above

\_\_\_\_\_  
Relationship to applicant



## Medical History Form

*This form **must** be completed by all applicants*

Date \_\_\_\_\_

### Part I: Personal Information

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

Type of program involvement (please check only one box)

Student trainer  Individual seeking SD  Volunteer

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

### Part II: Past Medical History

*This information is requested in order to allow the FSDS to provide accurate information to emergency health personnel in the event of sudden illness or injury during an FSDS sponsored event.*

Do you have a history of any of the following problems?

- Heart Problems  Asthma  Diabetes  
 Seizures  Other chronic problems

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently on any prescription medications?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications?       Yes       No  
If yes, please list and describe your reaction to the medication(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any foods?       Yes       No  
If yes, please list and describe your reaction to the food(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any bites or stings?       Yes       No  
If yes, please list and describe your reaction to the bites or stings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you carry an Epi-pen or similar medication in the event of a bite or sting?  
 Yes       No

**Part III: Disability Information**

This section must be completed by **all** service dog applicants, as well as any program participant who will require an accommodation for their disability. Please note that the FSDS does NOT require you to disclose your diagnosis. We do, however, require information on the effects that your disability has on your ability to perform activities of daily living.

Please describe the nature of your primary disability \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your disability:       Congenital       Acquired  
If acquired, at what age did this occur? \_\_\_\_\_ years old  
If acquired, how did this occur:  
 Accident / Trauma       Environmental exposure       Other  
Please explain \_\_\_\_\_  
\_\_\_\_\_

Is your disability considered to be progressive?       Yes       No

What is the prognosis for your disability? \_\_\_\_\_

\_\_\_\_\_

Do you have any secondary disabilities?     Yes             No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you currently use any of the following assistive/ adaptive devices?

- |  |   |                                    |
|--|---|------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Walker    |
| <input type="checkbox"/> Crutch/Cane       | <input type="checkbox"/> Leg brace        | <input type="checkbox"/> Arm brace |
| <input type="checkbox"/> Prosthesis        | <input type="checkbox"/> Hearing Aid      | <input type="checkbox"/> Other     |

If other, please specify \_\_\_\_\_

\_\_\_\_\_

Please indicate which of the following activities are limited by your disability:

- |   |  |   |                                 |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Balance                                  | <input type="checkbox"/> Coordination                                | <input type="checkbox"/> Hearing          | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech                                   | <input type="checkbox"/> Memory loss                                 | <input type="checkbox"/> Physical stamina |                                 |
| <input type="checkbox"/> Ability to navigate curbs and steps      | <input type="checkbox"/> Ability to bend or retrieve dropped objects |   |                                 |
| <input type="checkbox"/> Ability to go out in public or socialize | <input type="checkbox"/> Ability to live independently               |   |                                 |

Please describe the extent to which any of the above checked items are affected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of service dog are you requesting? *(For individuals applying for a service dog only)*

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Medical alert / signal | <input type="checkbox"/> Psychological |
|-----------------------------------|---|--|

***(Please note that the FSDS currently does not train guide dogs.)***



If accepted into the program, are you able to attend required classes as a requirement of this program?       Yes       No

If your answer to either of the above is no, please explain \_\_\_\_\_

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I certify that the answers that I have provided on this form are up to date, accurate and true, to the best of my knowledge. **I understand and agree** that in the event that any information changes during the time that I am actively involved with the FSDS I must provide updated information within 10 business days of such changes. **I understand and agree** that the FSDS has permission to share this information with emergency care providers in the event that emergency illness or injury should occur during an FSDS sponsored activity.

\_\_\_\_\_  
Signature of applicant (or parent/guardian if applicant is a minor)

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Printed name of applicant (or parent/guardian if applicant is a minor)



### Physician Statement of Disability

*This form must be completed by all individuals who require the SD for their own assistance and must be signed by applicant's licensed treating physician (MD or DO); letters from a psychologist or counselor will not be accepted.*

This is to certify that \_\_\_\_\_ is a patient under my care, and is being treated for a permanently disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act (ADA) and therefore would be entitled to public access with a service dog. I further agree that the three requests listed below for task assistance are medically necessary:

Task #1: \_\_\_\_\_

Task #2: \_\_\_\_\_

Task #3: \_\_\_\_\_

The criteria for disability determination under ADA Law are re-printed for your convenience, and are as follows:

#### **AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY 2009**

Section 902.1 (b) Statutory Definition -- With respect to an individual, the term "disability" means

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act. To fall under the first part of the definition, a person must have a physical or mental impairment that substantially limits one or more major life activities

#### 902.2 Impairment

(a) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment, (s)he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.<sup>5</sup>

A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s)he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

(1) [a]ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) [a]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

By checking the boxes below, I certify that the above named patient:

- meets the ADA criteria for disability under ADA Law
- would benefit from the task assistance described
- is physically capable of participating safely in a service dog training program

\_\_\_\_\_  
Signature of Physician (signature stamps not acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Physician / Area of Specialty

\_\_\_\_\_  
Office address

\_\_\_\_\_  
Office Phone #



## Emergency Contact Form

This form **MUST** be completed by all program participants. In the event of emergency, the FSDS will make a good faith effort to contact the primary contact person you have listed below. If the FSDS is unable to reach your primary contact, an attempt will be made to reach your secondary contact. It is recommended that the primary contact person you have listed also has power of attorney over medical decisions for you. In the case of an underage minor, the primary contact person listed **MUST** be either a parent or legal guardian.

### Emergency contact information

Primary contact (in the case of a minor, this MUST be a parent or legal guardian)

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary contact \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Street address \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email address \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



### **Veterinary Clearance Letter**

Name of Client \_\_\_\_\_

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ D.O.B. of Dog \_\_\_\_/\_\_\_\_/\_\_\_\_

The above client has applied to the Foundation for Service Dog Support, Inc. to participation in an intensive 18 month training and certification process with the above-named dog. They are seeking to train their dog to perform the following tasks:

Task #1: \_\_\_\_\_

Task #2: \_\_\_\_\_

Task #3: \_\_\_\_\_

As a condition for acceptance, we require all teams to have the dog cleared by their veterinarian to ensure that the dog is in good health and able to safely participate in training and perform all of the above-named tasks. We also require clearance from a veterinarian to acknowledge that the tasks named are appropriate for that dog.

### **Instructions to Veterinarians**

Breed selection:

1. We do not permit Pit Bulls, Dobermans, Rottweilers or Staffordshire Terriers or mixes of any of these breeds due to insurance restrictions.
2. We do not permit brachycephalic breeds due to incidences of heat-related illness and respiratory issues.
3. Though we do not necessarily prohibit German Shepherds, we discourage this breed selection due to public fear factor associated with police dogs.

Weight restrictions::

1. All dogs must be expected to attain a minimum adult weight of 50 lbs so that they are not stepped on in crowded venues.
2. We do not permit purse dogs, as we are receiving numerous reports that these dogs are being dangled over food in buffet restaurants and in open food sections of the grocery (ie: produce, bakery) and dropping dog hair and saliva into the public food; this is in violation of public health and sanitation code
3. Mobility dogs must be expected to attain a minimum adult weight of 70 lbs if they are to be fitted with a balance and support harness

Necessary medical testing and services:

1. Must be spayed / neutered
2. Heartworm antigen testing if dog at least 7 mths of age; results must be negative
3. Fecal floatation testing for parasites; if positive must provide proof of treatment
4. Hip/pelvic x-rays if one year old to rule out hip dysplasia
5. Blood chemistry panel to screen for kidney or liver problems
6. Most verify that dog has been prescribed heartworm prevention (owner will be required to provide receipts as proof of purchase)
7. Owner to provide receipts to prove dog is receiving monthly flea/tick preventive treatments
8. Please verify that dog is receiving appropriate feed that is AAFCO approved and not subject to recent recalls
9. Vaccine requirements: Rabies, DA2PP, Bordatella, and canine influenza; Leptospirosis and rattlesnake are optional and only required if recommended by veterinarian.

Verifications

1. Date of spay / neuter \_\_\_\_\_
2. Results of heartworm antigen testing  Negative  Positive  too early
3. Fecal testing for parasites:  Negative  Positive
  - a. If positive, please indicate dates of treatment \_\_\_\_\_
  - b. Results of follow-up testing:  Negative  Positive
4. Hip/pelvic x-rays:  Negative  Positive  too early
5. Chemistry Panel:  Negative  Positive
  - a. Please explain positive results \_\_\_\_\_
6. Prescription given for heartworm preventive treatment:  Yes  No
7. Flea/tick treatment discussed with owner:  Yes  No
8. Feed selection discussed and approved:  Yes  No
9. Please verify that the following vaccines are up to date:
  - a. Rabies:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - b. DA2PP:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - c. Bordatella:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - d. Influenza:  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - e. Leptospirosis:  Yes  No  Not recommended at this time
  - f. Rattlesnake:  Yes  No  Not recommended at this time
10. Are there any observed behaviors that would cause you to suspect that the dog shows fear or aggression towards other people or dogs.  Yes  No

By checking this box, I certify that the above-named dog is in good health and up to date on all necessary treatments. I also verify that the dog is of suitable size and breed to safely perform the tasks that are listed above.

\_\_\_\_\_  
Signature of Veterinarian (Signature stamps are not acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Veterinarian

\_\_\_\_\_  
Name of Veterinary Hospital or Clinic

\_\_\_\_\_  
Address



**Consent for Medical and/or Emergency Treatment**

I, \_\_\_\_\_, hereby voluntarily

- give consent
- give limited consent as follows \_\_\_\_\_
- DO NOT give consent

to the Foundation for Service Dog Support, Inc. (FSDS) to seek medical care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of:

\_\_\_\_\_  
Name Relationship to patient

In the event that I am (or my dependent is) injured or ill while participating in organized events with the FSDS, I hereby give permission to the FSDS to provide first aid for myself or my dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of myself or my dependent, I direct that the FSDS attempt to notify my next of kin or designated contact person(s). If the FSDS cannot reach my primary contact, then I understand that the FSDS will attempt to notify my secondary contact. However, if medical care becomes essential, I give permission to the FSDS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the FSDS on my behalf for the benefit of myself or my dependent, I authorize the FSDS to request, obtain, review and inspect any and all information bearing upon myself or my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment for the condition of myself or my dependent and that I am solely responsible for all costs associated with the care and treatment rendered to myself or my dependent.

**Health insurance information**

\_\_\_\_\_  
Primary insurance carrier

\_\_\_\_\_  
Health insurance policy# and group #

\_\_\_\_\_  
Name of insured Relationship to patient

\_\_\_\_\_  
Secondary insurance carrier

\_\_\_\_\_  
Health insurance policy# and group #

\_\_\_\_\_  
Name of insured Relationship to patient

**Physician contact information**

\_\_\_\_\_  
Name of primary care physician

Office phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Name of dentist

Office phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

By signing this consent/non-consent document I acknowledge that I have carefully reviewed this information and fully understand the implication of this consent/non-consent form. I acknowledge that the information presented is up to date, accurate and true to the best of my ability. I understand and agree that in the event that any of the information changes I will submit a notarized statement to that effect to the FSDS within 10 business days of such changes.

\_\_\_\_\_  
Signature and relationship to patient

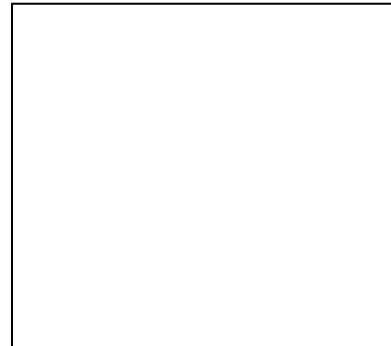
\_\_\_\_\_  
Printed name of above

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
Printed name of notary public

\_\_\_\_\_  
Date







The Foundation for  
Service Dog Support, Inc

## Professional Reference Form for Service Dog Applicants

**Instructions to Applicant:** Please provide your name on the form; send the form AND a stamped, pre-addressed envelope (made out to the FSDS at the address below) to the person who will be completing it. A current / former supervisor, or in the case of retired individuals someone with whom you have a professional relationship must fill out the form -- and **the individual completing the form must email it directly from their email account to the FSDS:** @jessica.parker@servicedogsupport.org

NAME OF APPLICANT \_\_\_\_\_

**Instructions to Respondent completing this form:** The above named individual has applied to obtain a "Service Dog" from the Foundation for Service Dog Support, Inc. (FSDS). Please answer all questions to the best of your ability and return the completed form to the FSDS. **NOTE:** All of your responses will be held in complete CONFIDENTIALITY -- and not be provided to the applicant.

1. How long have / did you work(ed) with this applicant? \_\_\_\_\_ mths / yrs
2. Please describe the type(s) of community service that this person has performed (use back of form if necessary) \_\_\_\_\_
3. Is / was this applicant in good standing on his/ her job?  Yes  No
4. If no longer employed with you, is this applicant eligible for rehire?  Yes  No
5. Does / did this applicant work well with others?  Yes  No
6. Do you believe this applicant to be of sound mind and consistently able to exercise good judgment?  
 Yes  No
7. Do you believe this applicant has the ability to provide essential control and care for a service dog?  
 Yes  No
8. Do you believe this applicant has the ability to work safely in public with a service dog?  
 Yes  No
9. Do you believe this applicant has the ability to provide for the emotional needs of a service dog?  
 Yes  No
10. Please comment on the moral character and integrity of this person -- or any other factor you believe relevant to this process and the ultimate safety and well being of the applicant and the service dog.  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name/ Title

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

(\_\_\_\_)\_\_\_\_ - \_\_\_\_  
Contact Phone at Work



## Personal Reference Form for Service Dog Applicants

**Instructions to Applicant:** Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to the FSDS at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you and **emailed directly by that person to the FSDS from their email account to: [jessica.parker@servicedogsupport.org](mailto:jessica.parker@servicedogsupport.org).**

Name of Applicant \_\_\_\_\_

\*\*\*\*\*

**Instructions to Respondent completing the form: Instructions to the person completing the form:** The above named individual is applying to get a service dog from the Foundation for Service Dog Support (FSDS). Please answer all questions to the best of your ability **NOTE:** All of your responses will be held in complete CONFIDENTIALITY -- and not be provided to the applicant.

1. How did you become acquainted with this applicant? \_\_\_\_\_  
\_\_\_\_\_
2. How long have you been acquainted with this applicant? \_\_\_\_\_ mths / years
3. What is your relationship to this applicant?  
 friend       co-worker       other \_\_\_\_\_
4. Do you believe this applicant has good communication skills?       Yes     No
5. Do you believe this applicant to be of sound mind and able to exercise good judgment?  
 Yes     No
6. Do you believe this applicant has the ability to provide essential control and care for a service dog?  
 Yes     No
7. Do you believe this applicant has the ability to provide for the emotional needs of a service dog?  
 Yes     No
8. Do you believe this applicant has the ability to work safely in public with a service dog?  
 Yes     No
9. Please comment on the moral character and integrity of this person -- or any other factor you believe relevant to this process and the ultimate safety and well being of the applicant and the service dog.  
  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone



## Photo Release

- I understand and agree** that the FSDS will be photographing applicants, students and dogs, graduates and volunteers during training and events for the purposes of providing community education and/ or promoting the program. This may include still photos and/or videography. **I understand** that there may occasionally be TV stations and/or news reporters who may be present at classes and events to take footage and/ or photos of students and dogs for training and/ or publicity purposes. I hereby grant the FSDS permission to use these photos or footage, and grant permission to newspapers or TV stations to use these photos or footage for training and/ or publicity purposes. **I understand and agree** that all photos taken by the FSDS during the training are the exclusive property of the FSDS, and the FSDS reserves the rights to all such photos or videography.
- For reasons of personal safety, I request that I not be photographed.

---

Signature of applicant (or parent/guardian, if minor)

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Date

---

Printed name of applicant (or parent/guardian, if minor)



## Communication Consent Form

Name of Applicant \_\_\_\_\_

I hereby give permission for a representative of the Foundation for Service Dog Support, Inc. (FSDS) to communicate with any and all employers or organizations I have provided community service through. This communication is to be exclusively for the purpose of gathering information necessary to verify my record of community service, in order to determine eligibility for assistance through the FSDS. I understand that my request for financial assistance will be evaluated based upon my record of service to the community. The types of information that I give permission to be shared include the following:

- Dates of employment
- Job performance
- Disciplinary records
- Status upon discharge or retirement

I understand that any information that is shared between past or present employers or community organizations and the FSDS is confidential and is to be used only for the purposes intended. Additionally, I agree to hold the FSDS and all employers listed harmless from any and all claims associated with my application to receive a service dog.

Please list all employers or community service organizations with whom you have been involved:

1. Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job title \_\_\_\_\_  
Badge# (if applicable) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Contact phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2. Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job title \_\_\_\_\_  
Badge# (if applicable) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Contact phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. Name of employer \_\_\_\_\_  
Address \_\_\_\_\_  
Dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Job title \_\_\_\_\_  
Badge# (if applicable) \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Contact phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

*Please use back of form or additional sheet as needed to list additional employers.*

\_\_\_\_\_ (Initial here) By initialing here, I certify that all of the information provided is accurate, up to date and true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature of notary public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of notary public



Stamp of Notary Public



## Notice of Privacy Practices

FSDS program participants and volunteer staff are entitled to privacy of their personnel files. The only exceptions to this policy are cases where the participant is a minor, where prior express consent has been granted in writing, for the sharing of protected information or in cases where the FSDS may be required to share protected information as part of ongoing legal proceedings or investigations. The terms and conditions of our privacy policy are presented here for your information. Protected information includes but is not limited to any information in your personnel file including health information as well as attendance records, demographic data and all progress notes. **Please retain a copy of this document for your files.**

### Privacy of Health Information

The FSDS is required to maintain medical history forms as well as signed consent / non-consent forms for medical treatment for each program participant. In those cases where consent has been granted for medical treatment, the FSDS is authorized to share medical information about you with emergency health care providers, on a need to know basis. For the purposes of this discussion, the following terms are defined as:

Treatment: this means the provision, coordination and/or management of health care and related services by one or more health care providers. An example of this would be the disclosure of your Protected Health Information (PHI) to providers outside of the FSDS who are connected to your health care treatment.

Payment: this refers to reimbursement for any services that are related to your treatment, and also including but not limited to confirmation of coverage, billing services or collection services and utilization review.

Health Care Operations: this includes the business aspects of a medical practice, such as quality assessment/control, auditing functions, cost-management analysis and customer services. It is also understood that the FSDS may be required to disclose protected health information about you to nurses, therapists, students and other health care personnel who are involved in your care and treatment.

The FSDS will, from time to time, be requested to participate in ongoing research studies in the service dog industry. For the purposes of this research, the FSDS may release de-identified, aggregate data regarding our program participants.

### Legal authority to make health care decisions for minors or others

Usually, the health information rights for a minor are extended to the minor's parents or legal guardians. There are, however, exceptions to this rule. For example, some health care decisions may be provided for a minor without the consent of a parent or guardian under implied consent, in cases where a delay in treatment could have devastating consequences.

The FSDS may, without prior consent, disclose protected health information to carry out treatment, payment or health care options to a minor under the following circumstances:

- In an emergency treatment situation, if we attempt to obtain such consent as soon as is reasonably possible after delivery of such treatment;
- If we are unsuccessful in reaching the parent/guardian to obtain consent, or in cases where we are presented with a significant communication barrier and determine, in our professional judgment, that your consent to treatment is clearly implied by circumstances.

#### **Permitted use or disclosure of any information**

- *To avert a serious threat to the health or safety of yourself or others-* in the event that any FSDS staff becomes aware of a credible threat that you (or your dependent) intend to cause harm to self or others, we will take the necessary steps to notify the authorities to prevent such threat from becoming a reality.
- *Student interns-* the FSDS reserves the right to share information, as needed, with students who are interning with the FSDS and may be required to supervise any activities in which you may participate. In the event that you object to information sharing with an FSDS intern, you have the right to object in writing to prevent the sharing of such information.
- *Photo releases* are obtained for all students, and all photos and/or videography that are obtained during your participation in any of our programs are the exclusive property of the FSDS. The FSDS reserves all rights to these photos/videography. In the case of students who change their mind and no longer wish to be photographed, you may submit written notice of such decision and no further images will be obtained. All images taken prior to the date of this notice, however, continue to be the property of the FSDS and may be used for publicity or training purposes in accordance with prior written permission (per the terms of Photo Release form).
- *Military-* the FSDS may disclose your protected health information as required by military command authorities if you are in the armed services.
- *Workers Compensation-* the FSDS may disclose your protected health information if required by workers compensation or similar programs to the extent necessary in order to comply with laws relating to workers compensation or other similar programs that provide benefits for work-related injuries or illness, as established by law.
- *Public health entities-* as required by law, the FSDS may disclose protected information about you to the Arizona Department of Public Health in order to:
  - Prevent or control disease, injury or disability;
  - Report suspected child abuse or neglect;
  - Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
  - Notify the appropriate government authority if we believe that a client may have been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements when mandated and authorized by law;
  - Notify the appropriate authorities in cases where a program participant informs the FSDS that they are intending to harm, neglect or abuse self or others, In order to protect the other person and our client.

- Lawsuits and legal disputes- the FSDS may disclose protected information about you in cases of legal disputes to the extent that we are required to cooperate in any ongoing investigations.

The FSDS is required to inform you of our privacy policies as well as our legal duties as they pertain to your protected information. This notice is prepared and effective as of January 1<sup>st</sup>, 2011 and we are required to abide by the terms and conditions of this notice. We are also required to provide you with written notice of any revisions that may occur during the time that you are involved as a program participant with the FSDS. If you believe that your privacy has been violated, you may contact one or both of the following departments:

The Foundation for Service Dog Support, Inc. (FSDS)  
info@servicedogsupport.org

OR

Office of Civil Rights; U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169                      200 Independence Ave SW  
Dallas, TX 75202                                      Washington, DC 20201  
Phone (214)767-4056                      FAX (214)767-0432                      TDD (214)767-8940  
Toll free 1-877-696-6775

When contacting us, please provide us with as much detail as possible so that your complaint may be fully investigated without delay. You will not be penalized for the filing of any complaint.

**A signed copy of this page MUST be returned to the FSDS within seven (7) business days of receipt.**





## RECEIPT OF PRIVACY PRACTICE NOTICE

I, \_\_\_\_\_, acknowledge that the FSDS has provided me with a written copy of their privacy practices on this date of \_\_\_\_\_. I understand that information regarding program participants is privileged and will not be shared with anyone outside of the FSDS without my written expressed permission with the exceptions that have been noted in this document. I acknowledge and fully understand the information that has been presented to me in this document.

\_\_\_\_\_  
Signature of program participant (or parent/guardian, if minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of above



## **NOTICE OF COSTS AND FINANCIAL RESOURCES**

*(This applies to all individuals who are seeking a service dog for their own needs)*

### **Military veterans, first responders and other qualifying individuals with a documented record of extraordinary service to the community:**

You are eligible for services at no final cost. It is noted that those individuals who opt to participate as a student and train their own dog will be required to make a deposit up front for the cost of the dog, and upon graduation this deposit will be refunded fully.

- If you have elected to apply for a dog that has already been trained then no deposit is required
- If you are applying to train a dog for your own needs, then the following information applies:
  - You will receive a puppy that has already undergone temperament testing and has received veterinary clearance
  - Ownership of the puppy will be transferred fully to you upon graduation
  - The fee of \$250 for the online didactic education course SD 101: Orientation will be waived.

### **Individuals who are applying to receive a SD for their own needs under the Pawsitive Community Program (open to those with demonstrated financial hardship):**

- The FSDS will provide the dog
  - You will receive a puppy that has already undergone temperament testing and has received veterinary clearance
  - Ownership of the puppy will be transferred fully to you from the start if you are training the dog for your own needs; if you elect to receive a dog that has already been trained you will receive your dog at the end of the program
  - There will be a fee of \$250 for the online didactic education course SD 101: Orientation
  - You will be entitled to a half scholarship once your 350 hours have been completed; if you voluntarily withdraw or are removed from the program, you will be charged a prorated fee for the services you have received and this fee will be based upon the total number of hours you completed at the time of withdrawal in addition to the amount of time you were enrolled in the program.

### **All other applicants**

There is a cost of \$10,000 to obtain a service dog from our program. You will not be eligible for participation as a student trainer, and your ability to be awarded a dog will depend on your place on the wait list. The FSDS has a policy that military veterans and wounded first responders will be moved to the front of the list, so your place on the list at any time may change depending on the number of applications from military and first responders we have received.



## General Release of Liability Statement

I \_\_\_\_\_ hereby release any liability(ies) or claim(s) in participating in any activities or services sponsored by the FSDS organization. I acknowledge that I assume the risks and responsibilities in such participation and hold the FSDS harmless for any injuries or liabilities incurred or sustained in my participation. It is understood and agreed that, by acknowledging and signing this release, I irrevocably, unconditionally and completely releases and forever discharges the FSDS, and all of its principals, officers, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents from any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, or could have been alleged, against the FSDS, and all of its principals, officers, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents, that may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly.

\_\_\_\_\_  
Signature of Participant (or parent/guardian, if participant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant (or parent/guardian, if participant is a minor)



## **The FSDS Code of Conduct**

The FSDS has established minimum standards for all individuals who elect to participate in any phase of FSDS programming. Individuals are expected to abide by FSDS standards at all times, for the duration of the time that they are affiliated in any way with the FSDS. These standards and rules are intended to provide a framework for individuals in order to ensure order, and maintain the integrity of all of our programs and services. This includes but is not limited to students, volunteers, staff and Board members. The standards are not intended to be a substitute for common sense and adherence to expected societal norms for morals and ethics. They represent a framework for rules and regulations. We remind everyone that rules and regulations we can teach, moral values are something that every individual needs to bring to the table. These standards are listed below.

### **GENERAL ORGANIZATIONAL STANDARDS**

#### **Honesty, Integrity And Public Presentation**

Individuals affiliated with the FSDS shall at all times:

1. Be courteous and respectful of the feelings and needs of those around them
2. Be supportive of those with special needs and offer assistance as needed
3. Be honest
4. Treat others as they would wish to be treated
5. Use appropriate language
6. Report any observed or suspected violations of the Code of Conduct to a supervisor immediately

#### **Dress Code**

Individuals who participate in FSDS sponsored public events shall:

1. Be clean, well groomed, and free of any offensive odors
2. Avoid use of perfumes and colognes as these may precipitate respiratory problems for individuals with chronic illness
3. Dress appropriately for the occasion; clothing must be in good repair; no torn jeans, low cut shirts, sheer blouses or crop tops
4. Wear their name badge at all times when working at an event
5. Employees shall wear FSDS issued uniforms at all public events unless instructed otherwise

#### **Moral and Ethical standards**

The FSDS has a zero tolerance policy for untoward behaviors and individuals who are affiliated with the FSDS shall at all times:

1. Refrain from bullying behavior and report any perceived incidences to a supervisor immediately
2. Refrain from use of illicit drugs

3. Arrive sober to all events and avoid use of alcoholic beverages when working at FSDS sponsored events
4. Treat others as they would wish to be treated

### **Interactions With FSDS Youths**

The FSDS operates a community-based training program, and all individuals who are affiliated with the FSDS must be aware at all times of the impact that their behaviors will have on impressionable young people who may be participating. Standards for interactions with FSDS youth members include the following:

1. At no time will a staff or volunteer member be alone with a youth; a supervisor with a current Class I IVP fingerprint clearance card must be present at all times
2. At no time shall any staff or volunteer transport an underage student for whom they are not the parent or guardian to or from an event in their personal vehicle without written permission of the parent/guardian and knowledge of a FSDS supervisor
3. Physical contact with a youth member, other than a traditional handshake, is strictly prohibited
4. Staff, students and volunteers are expected to be positive and supportive, and present our youth to the public in the best possible light at all times

### **Use of Proprietary Information**

The FSDS has worked hard to develop unique program materials for use in our programs. All individuals who elect to participate in any aspect of FSDS programming shall realize that access to any of our documents is a privilege, and along with this privilege comes responsibility. The federal government has enacted laws governing trade secrets, and infringement upon trade secrets is a federal crime (**18 U.S. Code § 1832 - Theft of trade secrets**). Arizona has enacted a similar law that makes theft of trade secrets a Class V felony (**A.R.S. 13-1820**).

The following rules apply to the use of any and all FSDS materials:

1. All documents are proprietary and at no time are individuals authorized to engage in any behavior that includes but is not limited to unauthorized verbal disclosure, downloading, scanning and uploading written materials, copying, transmitting or reproducing in any form or fashion any documents that belong to the FSDS.
2. For any individual who is assigned an FSDS email account either initially or at any time during their tenure with the FSDS, this account is the property of the FSDS, and the FSDS reserves the right at any time it shall be deemed necessary to access any or all email accounts or Drives.
3. Email accounts are to be used exclusively for the purpose of FSDS business, use of the FSDS email account or Drive for any other purpose is expressly prohibited.
4. At any time that a document is uploaded or created on the Drive by any program participant, shared edit privileges must be granted to the FSDS Executive Director.
5. At no time may any individual download or print documents from the Drive without written permission of the Executive Director.
6. At no time may any individual email FSDS materials to any non-FSDS email address.
7. FSDS materials may not be shared with others outside of the FSDS without expressed written permission of the Executive Director.

## **TRAINING AND TEAM STANDARDS**

### **Health, wellness and safety**

The handler shall provide:

1. Monthly heartworm treatments
2. Monthly flea and tick treatments if recommended by a Veterinarian
3. All required core vaccinations
4. Baths, brushing and grooming to keep dog clean and free of any offensive odors
5. Proper oral care
6. Regular nail trimming
7. Current County license tags that are prominently displayed on the collar
8. A name tag with a current phone number displayed on the collar
9. A clean program vest in good repair with ID badge and emergency contact card displayed in the pocket to be worn at all times while in public
10. Thermal working booties to protect against injury from excessively temperatures or sharp objects
11. Working equipment that is properly fitted and in good repair, including a collar, a leash that is no longer than 6 feet in length (retractable leashes are not permitted) and a harness (if applicable); backpacks are not permitted on the dog
12. Adequate food and hydration; must carry a portable water bowl when working

### **Training**

The dog shall be trained to:

1. Perform at least three discernible service related tasks to mitigate the disability of the handler
2. Obey commands on first attempt at least 90% of the time, except in cases of intelligent disobedience
3. Maintain a good heel on leash, harness, Halti or Gentle Leader
4. Lie quietly besides the handler or under a seat without creating an obstacle to others
5. Urinate or defecate only in appropriate designated places

The trainer shall:

1. Ensure that the selected service tasks are appropriate for the dog
2. Use only positive reinforcement techniques for service dog training
3. Be consistent in enforcing commands
4. Ensure that the dog is within two feet of them at all times except when a task requires a greater distance
5. Ensure that the dog has adequate space in order to avoid injury to the dog or others in public
6. Provide regularly scheduled rest breaks for the dog

### **Public behavior**

The dog shall:

1. Not solicit attention from strangers
2. Be able to work quietly in public without barking, whining or otherwise creating a distraction
3. Not growl, snarl or demonstrate any aggression towards people or other dogs

4. Not solicit or steal food items from the general public
5. Urinate or defecate only in appropriate designated places

The handler shall:

1. Set and enforce consistent boundaries
2. Respond politely and appropriately to public inquiries and challenges at all times
3. Maintain full control over their dog at all times
4. Remain alert for signs of danger and shall remove the dog from dangerous situations when necessary
5. Ensure that the dog has "Four on the Floor" when navigating through public food lines, grocery stores, bulk food sections and any other area where food is exposed to the public
6. Provide the dog with adequate food and hydration, but shall not feed the dog in designated public dining areas or permit the dog to be seated at a dining table; the dog must maintain a "down" underneath the table and shall not block the aisles in any public space
7. Provide regularly scheduled rest breaks for the dog

***Note: At all times, the sole responsibility for all aspects of care, training and public behavior of both team members rests with the handler.***



## Acknowledgement of Standards and Guidelines

I, \_\_\_\_\_, hereby acknowledge that I have received the information on the Code and Conduct of the FSDS.

**I understand and agree** to abide by all FSDS guidelines, as well as all rules and regulations of the FSDS as explained to me during the time that I am affiliated in any way with the FSDS. This includes but is not limited to enrollment in any of the FSDS programs, volunteer services, staff or Board of Directors. For certified teams, this also includes the working life of your team. With regard to proprietary materials, these rules shall remain in force at all times in the present or future.

**I understand and agree** that if, at any time, I am found to be in violation of the FSDS Code of Conduct, I will be dismissed from the FSDS with no chance of reinstatement. **I understand and agree** that should this action become necessary, I am not entitled to a refund for any or all monies that have been paid up until that time, if applicable.

**I understand and agree** that should I have any questions regarding the standards and ethics, or rules and regulations as they have been presented, I may contact the FSDS by phone at 602-870-2008, or by email at: [jessica.parker@servicedogsupport.org](mailto:jessica.parker@servicedogsupport.org) to have my questions answered.

**I understand and agree** that I will faithfully comply with any rules regarding annual training and policy review updates that may pertain to my role with the FSDS.

I acknowledge that I have reviewed the information presented to me and have no further questions. **I understand** the information as presented **and agree** to abide by the FSDS Code of Conduct .

\_\_\_\_\_  
Signature of Applicant (or parent/guardian if applicant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant (or parent/guardian if applicant is a minor)