

# Freedom Service Dogs, Inc. - Application Instructions

**Please read all of this information before you complete your application.**

**FSD's most important requirement is a strong determination to work hard to change your or your dependent's life to become more independent and capable.**

Freedom Service Dogs (FSD) rescues dogs from shelters and trains them to assist Coloradans with mobility impairments and increase their independence. We expect our clients to command, control, and care for their service dog. Because we want your service dog to fit **your** requirements, **your** lifestyle, and **your** personality, we need to know as much as possible about you. We do our best to match your needs and preferences to the skills, size, and temperament of a dog in training.

## **Instructions for Completing Application**

1. Fill out the **Client Application** as completely as possible, indicating which type(s) of dog you seek. Please print or type clearly. Use the **Third Party Application** if you are applying for a child or dependent.
2. Provide a **Video** in VHS or CD-ROM format describing: (see Video Outline in the Application)
  - a. Why you want a service, skilled companion, or social dog
  - b. Showing your daily activities and environment
  - c. Showing the people and pets that you live with, including your attendants
3. Provide **two Letters of Recommendation**, 1) a personal (not a relative) and 2) a professional from your therapist or physician.
4. Provide the **Medical History Form** completed by your doctor or physical or occupational therapist. You must sign the medical record release box so that your provider will release your information to FSD.

**Your application will NOT be processed until ALL information is received:**

- Client Application Form
- VHS Video or CD-ROM
- Two Letters of Recommendation
- Medical History Form

## **Mail your application and video to:**

Freedom Service Dogs, Inc.,  
Lakewood, CO 80215  
PO Box 150217

Phone: 303/922-6231  
Fax: 3039922-6234  
www.freedom servicedogs.org

After we review your completed application, we will contact you for an interview.

**FSD will keep your entire application and video confidential. Your application will be reviewed only by Staff and Board of Freedom Service Dogs.**

**The video and written materials will become the property of Freedom Service Dogs Inc.**

# Freedom Service Dogs, Inc. - Application Instructions

## Overview of the Freedom Service Dog Program – Dog Tracks™

Freedom Service Dogs rescues dogs from shelters and trains them to be **Service, Skilled Companion, or Social Dogs**. We place FSD dogs only in Colorado so that we are able to provide hands-on, on-location support when needed to ensure the success of the team. We depend on donations from the public, foundations, and corporations to carry out our mission.

### Here are the types of people that FSD helps:

- **Traditional Service Dog Partner** – That unique individual who is determined to work hard to take on the world and live the fullest life possible in spite of mobility impairment. These resolute individuals need a service dog with them all day, every day.
- **Skilled Companion Partner** – A special person whose mobility impairment may prevent them from accepting retrieved items from a dog or being able to spend much time away from home. They may need an attendant when out in public, rather than a service dog. Or they may do well in many situations without a service dog's assistance.
  - **Third-Party Skilled Companion Partner** – A parent or guardian is responsible for the dog's care and the work necessary to open the world for their child or dependent. The dependent's therapeutic plan must incorporate the dog's skills to assist with physical therapy, e.g., brushing or throwing a ball for the dog, occupational therapy, e.g., fastening collar and leash, and/or speech therapy, e.g. giving clear commands to the dog.
  - **Social Dog Partner** – A person at least 12 years old with documented mobility or medical issues who will benefit greatly in the home from a well-mannered, obedient dog, but does not need a dog with special skills or public access.
  - **Third-Party Social Partner** – A parent or guardian is responsible for the dog's care and the work necessary to open the world for their child or dependent. The dependent must be able to benefit greatly from a dog's companionship.

### Freedom Service Dogs Tasks and Skills

- **Freedom Service Dogs** retrieve and carry objects; turn lights on and off; open and close doors; find a person; find the phone; push a LifeLine or 911 button; assist with pulling a wheelchair; help with transfers; brace and counterbalance ambulatory clients; and perform specialized tasks needed by the client. They also have public access and provide a social bridge, making the client more approachable.
- **Freedom Skilled Companion Dogs** perform specialized tasks as needed; retrieve thrown objects, find a person; push a LifeLine button; brace and counterbalance; stand for grooming, lie quietly when being read to; understand non-verbal commands; and provide a social bridge. They may or may not have public access.
- **Freedom Social Dogs** are well-mannered and obedient companions, and provide a social bridge. They do not have public access.

## Freedom Service Dogs, Inc. - Application Instructions

All FSD dogs must allow attendants and medical personnel to assist their partner. **FSD dogs are not trained for guarding or protection and will be removed if they become overly protective.**

### **ADA and Public Access for Teams**

The Americans with Disabilities Act [ADA] established legal access to public places for assistance dogs. Service dogs are one of the three major types of assistance dogs:

1. **Guide Dogs:** for the blind and visually impaired
2. **Hearing Dogs:** for the deaf and hard of hearing
3. **Service Dogs:** for people with mobility or other impairment

A service dog helps people with mobility impairment such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, traumatic brain injury, or any other primary condition affecting their mobility.

### **Your Contribution**

It costs more than \$20,000 to locate, evaluate, house, provide veterinary care, and train a Freedom Service Dog. So that we may continue to provide this expensive, yet invaluable resource, we ask our clients to partner with us. We ask you to help us in making available the independence and other life-changing benefits that our extensively trained dogs provide.

We recognize that those living with disabilities often face financial hardship. **We want to provide a Freedom Service Dog to every person who can fully benefit from and care for a Freedom Service Dog – as a hand up, not a hand out.**

See Application for details.

# Freedom Service Dogs, Inc. - Application Instructions

## **Client and/or Guardian Requirements:**

1. Physically, mentally, and emotionally able and willing to care for, work with, and maintain your FSD dog's training.
2. Reasonable expectation that your medical situation will enable you to use and benefit from your dog's skills for 8 to 10 years.
3. Have a physical disability for at least 2 years.
4. Be at least twelve years old or guardian of a younger child (Third-Party dog).
5. Agree to maintain appropriate etiquette and keep your dog under control at all times.
6. Agree to assume full responsibility to maintain medical care, nutritional care, grooming, cleanliness, adequate attention and appropriate treatment for your FSD dog, throughout his or her life.
7. Ensure that no member of your household, attendants or friends detract from the appropriate care of your FSD dog.
8. Agree to request assistance and follow the recommendations from FSD to resolve any skill or behavior problem, throughout the lifetime of the dog.
9. Have an emergency plan in place for the care and supervision of the dog in case of personal emergency (i.e. time spent in hospital, etc.).
10. Allow Freedom Service Dogs' staff to visit and evaluate your home environment.
11. Complete an approved obedience class, read the required books and/or videos, and attend the entire placement class.
12. Be current on your contribution to Freedom Service Dogs as agreed, before the start of Placement Class.
13. Continue to assist in educational and other events at the request of FSD after placement.

## **Priority of placement depends on the following:**

- Whether we have a **dog in training** that matches your particular needs.
- Your demonstrated **willingness to partner** with FSD by volunteering to further our mission.
- FSD does not discriminate on the basis of sex, race, ethnic origin, sexual orientation, religion, or creed.

## **In addition, for a Service Dog –**

- Whether you will achieve a **higher level of independence** (i.e. going back to work or school) with a service dog.
- Whether you have an **urgent need** for a service dog to help with activities of daily living

## **For a Skilled Companion or Social Dog –**

- Whether you will achieve a **higher level of functioning** with an FSD dog.
- Whether you have an **urgent need** for a dog to help improve your life.

# Freedom Service Dogs, Inc. - Application Instructions

## Application and Placement Process

### Application

Application consists of Client or Third Party Application, Video of your home and environment, Medical Form, and two Letters of Recommendation.

1. Your application will be reviewed by FSD's staff and Board of Directors. After review, you will be notified and scheduled for an interview.
2. We ask our clients to contribute to help pass on the gift of a service or skilled companion dog and to attain these other goals. (See details in the Application.)
  - **Build skills and knowledge** for job, school, and daily living that will promote your independence and functionality with your new FSD dog.
  - **Build a support community** for yourself and your new FSD dog. Fundraising with your church or organization members, friends, and family helps create a circle of people who want to see you succeed with your new 4-legged partner.
  - **Build a sense of pride.** A Freedom Service Dog is **not a hand-out; it is a hand up** to help you increase your independence.
3. When an appropriate FSD dog becomes available, we will interview you again to determine your status and how best to train a dog to meet your needs.
4. You may apply for a needs-based grant to help cover the cost of the dog by filling out a financial statement. We will also assist you with fundraising ideas and/or application for other funding sources.
5. You must complete an approved basic obedience class prior to placement. FSD offers a Handlers' Class at no charge at least 3 times a year.
6. We will assign two or more books and/or videos for you to read and be tested on prior to the placement class. These books will help you gain knowledge of dog care and of positive training methods.

### Placement Class

1. Service Dog Placement Class is three weeks long, five days a week, four to five hours a day, and is in the FSD Training Center in Lakewood, CO with outings to other sites. Skilled Companion and Social Dog Placement Classes are modified depending on the tasks and public access needs.
2. In all classes, you will learn to command, correct, and reward your FSD dog to maintain his or her skills. You will learn to care for your dog's individual needs and physical condition.
3. You are responsible for your transportation, care, attendants, housing, etc. during the placement class.
4. If you are working well as a team, you will sign a placement contract and receive your FSD dog.

# Freedom Service Dogs, Inc. - Application Instructions

## After Placement

1. We will accompany you and your new dog to as many "firsts" as possible, going to your home, your work place or school, your first trip to your veterinarian. We will introduce your new partnership to your world – teaching your family, friends, and associates your needs and opportunities.
2. We will follow your progress closely and help you with any concerns or problems. We want to know about issues **very early**, when they are most easily corrected. We will continue to assist you for the lifetime of your team.
3. In return, we expect you to continue your contribution to FSD with your new partner. You will have become a living example of FSD's mission and therefore a very effective spokesperson who can help generate the public support that allows us to continue our work.
4. The first twelve months after the delivery of the service dog is a provisional period and FSD retains ownership of the service dog.
  - We require that you to teach your dog at least one new skill each quarter.
  - We require that you return to Freedom Service Dogs' Training Center or designated location quarterly for evaluation of your teamwork and skills.
  - By the end of the provisional period, your team must pass FSD's Placement Test and either the Assistance Dogs International (ADI) Public Access Certification Test and or the AKC's Canine Good Citizen Test.
5. FSD promises our donors that we will be sure our dogs are well-treated and doing their jobs as trained. We require that you go to a designated location yearly to be reevaluated by FSD's Placement Test, ADI Public Access Certification, and/or AKC's Canine Good Citizen Test as indicated.
6. We remain the FSD dog's advocate for his or her lifetime and reserve the right to determine if you are meeting the terms of the placement contract. We will evaluate your public etiquette, your teamwork, and your care of the dog.

## The Bottom Line

The success of your partnership with the FSD Service, Skilled Companion, or Social Dog depends on you and your attitude. Your dog will become essential to your independence and growth, and will be a constant companion who will provide unconditional love. Please be sure that you are ready to assume full responsibility for your FSD dog for at least the next 10 years. We want your team to be a resounding success and build a bond that will last a lifetime.

# Freedom Service Dogs, Inc. – Client Application

PO Box 150217

Lakewood, Colorado 80215

Ph: (303) 922-6231 – Fax: (303) 922-6234 – [www.freedomservicedogs.org](http://www.freedomservicedogs.org)

**FSD will keep your entire application confidential. Your video and written application will become the property of Freedom Service Dogs Inc.**

**Please review the Application Instructions before completing this form.**

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
(Please use **Third-Party Application** for a child under 12 years old or a dependent.)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

School attended \_\_\_\_\_ Address \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Relative \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relative's Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about FSD? \_\_\_\_\_

What best describes your situation?

- Service Dog Partner** – That unique individual who is determined to work hard to enter the world and live the fullest life possible in spite of mobility impairment. They need a service dog certified for public access to accompany them all day, every day.
- Skilled Companion Partner** – A special person whose mobility impairment may prevent them from accepting retrieved items from a dog or being able to spend much time away from home. They may need an attendant when out in public, rather than a service dog. They may or may not need a dog certified for public access.
- Social Dog Partner** – A person with mobility or medical issues who is able to benefit in the home from a well-mannered, obedient dog, but does not need a dog with special skills or public access.

### Video Outline

Provide a 10-15 minute video **in VHS or CD-ROM format** and submit with your application. Include the following information and label the video with your full name. Be sure to address **ALL** of the items listed below. **Your video is critical. FSD reviews it frequently during the placement process:**

- a. **Initially**, to see **IF** we can train a dog for your needs and accept you as a client
- b. **When matching teams**, to evaluate whether a dog in training fits your lifestyle and your needs
- c. **During custom-training** of the dog to meet your needs.

#### **1. Describe yourself**

- Name and address
- Tell us about your family, friends, and personal attendants.
- Tell us about your pets (past and present).
- Describe your daily routine – work, school, and other activities.

#### **2. Describe your disability – Tell us about:**

- The history of your disability
- Your accomplishments
- Your limitations
- Your activity level
- Your daily routine

#### **3. Demonstrate your mobility level**

- Show us how you move around inside your home **and** workplace or school
- Show us how you use your adaptive equipment.
- Show us how you transfer.
- Show us your mode of transportation outside your home.

#### **4. Describe what your dog would do**

- How do you think a dog will be able to help you?
- What skills would you need?
- What are your expectations of an assistance dog?
- Do you currently have or have you ever had a service dog? If so:
  - a. Where did you get your service dog (organization, private trainer, self-trained, other)?
  - b. How many years did the dog work with you?
  - c. If you still have the dog, show your service dog interacting with you.

#### **5. Show your environment – Where would your dog be working?**

- Home – Video the interior and exterior of your home, your yard, and your neighborhood (where you might walk with your dog).
- Other – Video your work, school, recreational and/or social environment



**Living with a Freedom Service Dog**

**Do you agree to the following conditions?**

- Is there a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.  
Yes  No, explain \_\_\_\_\_
- An FSD dog will spend most of their time **with their partner** at home AND at work, at school, and social events if he/she is certified for public access. This includes sleeping in or near your bedroom. No FSD dog will be in a yard or kennel for long periods of time.  
 Yes  No, explain \_\_\_\_\_
- **Do you understand that Service, Skilled Companion, and Social Dogs** are not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.  
 Yes  No, explain \_\_\_\_\_
- You and your dog are **ambassadors for Freedom Service Dogs**, as well as for the entire assistance dog industry (guide, hearing, and service dogs). Many more people will approach you with your dog than when you were alone, often interrupting your day. We expect you to handle people with understanding of their viewpoint and with politeness.  
 Yes  No, explain \_\_\_\_\_
- An FSD dog **cannot be allowed off leash** except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.  
 Yes  No, explain \_\_\_\_\_
- You must assume full responsibility as **caretaker** of your FSD dog, in charge of their safety, health, and welfare. Their needs include:
  - **Medical care** – all care prescribed by your veterinarian and routine annual care as directed by FSD.  Yes  No, explain \_\_\_\_\_
  - **Nutritional care** – including use of a good quality dog food and maintaining your dog's proper weight.  Yes  No, explain \_\_\_\_\_
  - **Daily exercise and play**  Yes  No, explain \_\_\_\_\_
- You must assume full responsibility for maintaining **appropriate training and behavior**, annually updating your ADI public access certification or Canine Good Citizen certification as applicable. You must maintain identification for public access, if applicable.  Yes  No, explain \_\_\_\_\_
- You must assume full responsibility for **cleaning up** after your dog eliminates in public and for **repairing any damage** caused by your dog.  Yes  No, explain \_\_\_\_\_

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any 'No' answer.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Your Contribution**

It costs more than \$20,000 to locate, evaluate, house, provide veterinary care, and train a Freedom Service Dog. We are a 501(c)(3) non-profit organization that depends on contributions from individuals and foundations. There is no government funding for these priceless dogs. So that we may continue to provide this expensive, yet invaluable resource, we ask our clients to partner with us. We ask you to help us provide the independence and other life-changing benefits of our extensively trained dogs – to help pass on your gift.

- FSD suggests a donation of \$5,000 for a Service Dog, less than 25% of the actual cost. The suggested donation for a Skilled Companion Dog is \$3,000; for a Social Dog is \$1,000.
- In addition, there is an Administration Fee of not less than \$500 required **from the client** at the start of placement class. **You** need to provide this amount yourself.

We recognize that those living with disabilities often face financial hardship. **We want to provide a Freedom Service Dog to every person who can care for and fully benefit from a Freedom Service Dog - as a hand up, not a hand out.**

**Before you receive your dog, you can:**

- Apply for a need-based grant if you require help to cover all or part of your monetary contribution.
- Fund raise with your friends, family, employer, school, church, or civic group to help cover the contribution for your dog.
- Pledge regular financial support for Freedom Service Dogs.

**After you receive your dog, we want your help to pass on your gift to others:**

- Spread the word about how Freedom Service Dogs change lives.
- Recruit volunteers and financial supporters for Freedom Service Dogs.
- Volunteer with Freedom Service Dogs at educational and community events.
- Volunteer your talents at home or in the Freedom Service Dogs office - computer skills, labeling newsletters, and more. (See our Volunteering and Jobs web page.)

**Contact us to find out how to make a Freedom Service Dog possible in your life.**

Please describe your plans for your contribution:

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## Freedom Service Dogs, Inc. (FSD) Client Application

Application requires **Client Application** (completed by client or guardian), **Video** of your home and environment, **Medical Form** describing your disability from your physician, physical therapist, or occupational therapist, and two **Letters of Recommendation**.

What is your disability? \_\_\_\_\_

Most FSD dogs assist people with primary mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. FSD does **not** train dogs to assist people with significant vision or hearing impairment.

How long have you been disabled? \_\_\_\_\_

What caused your disability? \_\_\_\_\_

If disability was caused by injury, what progress has been made post injury? \_\_\_\_\_

Please indicate the devices that you use: Wheelchair:  manual  power  both  
 Crutches  Cane  3-wheel electric scooter  Sip and puff  
 Other \_\_\_\_\_

Which do you use most often? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Take a bus? \_\_\_\_\_ Cab? \_\_\_\_\_ Other? \_\_\_\_\_

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

| <u>Left</u>         | No Use $\longrightarrow\longrightarrow\longrightarrow$ | Full Use | <u>Right</u>         |
|---------------------|--|----------|----------------------|
| Hand Strength       | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |
| Dexterity           | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |
| Arm Strength        | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |
| Upper-Body Strength | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |
| Leg Strength        | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |
| Leg Control         | 1 2 3 4 5 6 7 8 9 10                                   |          | 1 2 3 4 5 6 7 8 9 10 |

How often do you fall? \_\_\_\_\_

Can you catch yourself when you fall, or do you fall like a tree? \_\_\_\_\_

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

Your Speech? \_\_\_\_\_ Easily understood \_\_\_\_\_ Tone variation \_\_\_\_\_ Volume \_\_\_\_\_

Do you use a word board?  Yes  No  Other \_\_\_\_\_

Freedom Service Dogs, Inc. (FSD) Client Application

Your Vision? \_\_\_\_ Do you use corrective lens?  Yes  No

Do you need?  Large font  Audio tape  Note taker  Other \_\_\_\_\_

Your Learning Ability? \_\_\_\_  Need assistance, namely \_\_\_\_\_

Your Hearing? \_\_\_\_  Hearing Aid  ASL \_\_\_\_\_

How do you handle the following?

Routine medications  By yourself  Assisted  Provided by others

Your finances, checkbook  By yourself  Assisted  Provided by others

Housecleaning:  By yourself  Assisted  Provided by others

Meals  By yourself  Assisted  Provided by others

Getting dressed  By yourself  Assisted  Provided by others

Shopping; groceries, etc.  By yourself  Assisted  Provided by others

What personal attendants (including family members) do you use?  Personal Care Aide

Cooking  Cleaning  Medical  Other \_\_\_\_\_

Describe how many attendants and how often? (Daily, weekly?) \_\_\_\_\_

List name and address of any counselor (rehabilitation, psychological, OT, etc.) or association that you see regularly. \_\_\_\_\_

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

What work, school, or rehabilitation program(s) have you completed? \_\_\_\_\_

What is your current work or school schedule? \_\_\_\_\_

What are your plans for work or school? \_\_\_\_\_

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

Freedom Service Dogs, Inc. (FSD) Client Application

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

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

Please describe your home and yard. \_\_\_\_\_

Is your yard fenced?  No  Yes If yes, how high is your fence? \_\_\_\_\_

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your dog?

Yes  No \_\_\_\_\_

What pets do you have now? Describe type and age \_\_\_\_\_

Veterinarian's name and phone \_\_\_\_\_

If you have a dog now, would you be willing to give up your present dog, if it cannot get along with a FSD dog?  Yes  No (Explain) \_\_\_\_\_

If your present dog is not well-mannered, are you willing to train your dog before you receive your FSD dog?  Yes  No (Explain) \_\_\_\_\_

What dogs have you had before? Describe what kind and how old you were.

How will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your FSD dog? \_\_\_\_\_

How will you handle the care of your FSD dog if you are hospitalized? \_\_\_\_\_

Will it be difficult for you?

- To attend placement classes at the FSD Training Center in Lakewood, CO every day for four to five hours a day for 3 weeks?  Yes  No
- To limit your calendar for class and for the 30-day bonding period? Your new dog's first weekend with you should be spent quietly at home.  Yes  No
- To attend an approved Obedience Class?  Yes  No

Please explain any Yes answer \_\_\_\_\_

List the name and contact information of two people who will provide letters of recommendation for you. 1) personal (not a relative), 2) professional (therapist, doctor)

1. \_\_\_\_\_

2. \_\_\_\_\_

## Freedom Service Dogs, Inc. (FSD) Client Application

**How Our Dogs Assist:** FSD Service and Skilled Companion Dogs are trained in these tasks:

- Manners and obedience
- Retrieve dropped articles
- Open and close doors
- Find and retrieve phone
- Open the refrigerator
- Turn lights off and on
- Push handicap buttons
- Find help
- Push Lifeline® button
- Enhance balance while walking
- Enhance balance while going up or down stairs
- Provide brace for transfers or to help up from floor, chair, etc.
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take items to another person
- Assist in pulling wheelchair
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off

**Freedom Social Dogs** have good manners and basic obedience. Their job is to provide companionship to a client who would benefit from gaining control of part of their world and a receiving a dog's unconditional love.

All FSD dogs provide a social bridge and help instill confidence to be more socially active.

**Note: FSD dogs are not trained for guarding or protection and will be removed if they become overly protective.**

How will these tasks help you? Do you have any other special needs? \_\_\_\_\_

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How do your mobility or related medical issues affect your level of independence?

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Describe your lifestyle and activity level: i.e., low activity, moderate, busy, work at home, attend school, employed outside of home, social life, etc. \_\_\_\_\_

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How would others describe how you deal with anger or frustration toward family members and friends? \_\_\_\_\_

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Freedom Service Dogs, Inc. (FSD) Client Application

How would others describe how you deal with anger or frustration towards those serving you (waitress, personal attendant, etc.) \_\_\_\_\_

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How would others describe how you deal with anger or frustration towards authority figures? \_\_\_\_\_

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How would others describe how you deal with frustration toward objects that hinder you?

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How would others describe how often you lash out verbally or physically toward objects, people, or animals that frustrate you? Please describe your latest incident.

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How would others describe your motivation (self-motivated or motivated by outside stimuli?) \_\_\_\_\_

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How would others describe your level of control of your environment compared to being controlled by it? \_\_\_\_\_

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How would others describe your emotional stability? \_\_\_\_\_

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Freedom Service Dogs, Inc. (FSD) Client Application

Rate yourself on a scale of 1 to 5 in the following areas:

|               |          |                     |          |                   |
|---------------|----------|---------------------|----------|-------------------|
| <b>Rarely</b> |          | <b>Occasionally</b> |          | <b>Frequently</b> |
| <b>1</b>      | <b>2</b> | <b>3</b>            | <b>4</b> | <b>5</b>          |

- I am assertive when I face conflicting opinions.
- I am confident when I am faced with unfamiliar circumstances or problems.
- I am able to respond rationally to crises.
- I openly express my feelings of fear, love, sorrow, etc.
- I am willing to accept correction or constructive criticism.
- I am willing to test and learn new concepts if they differ from my previous beliefs.
- I am able to handle responsibilities.
- I am able to express my feelings of anger and frustration appropriately.
- I am an emotionally sensitive individual.
- I am shy around people I do not know.
- I am able to laugh at myself when I make a mistake.
- I try to take other people's feelings into consideration.
- I embarrass easily.
- I cry easily.
- I am a comedian.
- I am an exuberant individual.
- I often have to hide my feelings.
- I like to try new things.
- I have spent time around animals.

**In your own words**, describe your personal history, your characteristics, and explain why having an FSD dog is important to you. **This must be in your own words!** Someone else may transcribe your words if writing is difficult for you. You may attach a separate sheet if needed.

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# Freedom Service Dogs, Inc. (FSD) Medical Form

## Medical History Form

**To the Client:** Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to FSD.

Patient's Last name \_\_\_\_\_ First \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth \_\_\_\_\_

### Release of Medical Information

This authorizes you to release information regarding my condition to Freedom Service Dogs, Inc. This information will be used to evaluate and assess the patient's situation and is essential for FSD to train a service dog to meet their needs. All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship or title and agency

\_\_\_\_\_  
Agency address and phone number

### To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will **not** be shared with your patient unless you give express permission.
- Freedom Service Dogs help people gain independence. They retrieve and carry objects, turn lights on and off, open and close doors, help to balance and brace, pull a wheelchair, perform specialized tasks needed by the client, and provide a social bridge for the client.
- Receiving a dog's unconditional love is highly beneficial for many patients.
- If you have questions, please contact Freedom Service Dogs, Inc. at (303) 922-6231. Please mail the completed form to PO Box 150217, Lakewood, CO 80215-0217 or fax to (303) 922-6234.

**Practitioner's Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of last examination: \_\_\_\_\_ Length of association with patient: \_\_\_\_\_

# Freedom Service Dogs, Inc. (FSD) Medical Form

What is patient's primary diagnosis? \_\_\_\_\_

What other conditions/diagnoses does the patient have? \_\_\_\_\_

Prognosis for duration of impairment(s): \_\_\_\_\_

Prognosis for progression of impairment(s): \_\_\_\_\_

Prognosis for lifespan: \_\_\_\_\_

Medications taken on a regular basis (please list): \_\_\_\_\_

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

|      |   |                        |   |                      |
|------|---|------------------------|---|----------------------|
| None |   | Needs assistive devise |   | Needs full-time care |
| 1    | 2 | 3                      | 4 | 5                    |

How severe is the patient's **visual** impairment? (FSD does not train dogs to assist visual impairment.)

|                               |   |                        |   |       |
|-------------------------------|---|------------------------|---|-------|
| None/correctible with glasses |   | Needs assistive devise |   | Blind |
| 1                             | 2 | 3                      | 4 | 5     |

How severe is the patient's **auditory** impairment? (FSD does not train dogs to assist auditory impairment.)

|      |   |                        |   |      |
|------|---|------------------------|---|------|
| None |   | Needs assistive devise |   | Deaf |
| 1    | 2 | 3                      | 4 | 5    |

How severe is the patient's **cognitive** impairment?

|      |   |                        |   |                      |
|------|---|------------------------|---|----------------------|
| None |   | Often needs assistance |   | Needs full-time care |
| 1    | 2 | 3                      | 4 | 5                    |

Effect of impairment(s) on patient's ability to control his/her own **behavior**?

|        |   |          |   |                   |
|--------|---|----------|---|-------------------|
| Normal |   | Moderate |   | Poor self-control |
| 1      | 2 | 3        | 4 | 5                 |

How **effective** is the patient at handling and overcoming their impairments?

|             |   |          |   |                |
|-------------|---|----------|---|----------------|
| Ineffective |   | Moderate |   | Very competent |
| 1           | 2 | 3        | 4 | 5              |

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

|            |   |          |   |               |
|------------|---|----------|---|---------------|
| Unreliable |   | Moderate |   | Very reliable |
| 1          | 2 | 3        | 4 | 5             |

Effect of impairment(s) on patient's ability to perform Activities of Daily Living\* (ADL):

|        |   |          |   |                 |
|--------|---|----------|---|-----------------|
| Normal |   | Moderate |   | Totally reliant |
| 1      | 2 | 3        | 4 | 5               |

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

## Freedom Service Dogs, Inc. (FSD) Medical Form

**Cognitive and Emotional Evaluation of Patient:**

|   | <u>Yes</u> | <u>Minimally</u> | <u>No</u> |
|---|------------|------------------|-----------|
| A. Able to exercise judgment and make decisions necessary for ADL             | ___        | ___              | ___       |
| B. Able to sustain attention span   | ___        | ___              | ___       |
| C. Manifesting inappropriate behavior beyond his/her control                  | ___        | ___              | ___       |
| D. Able to control physical or motor movement sufficient to sustain ADL       | ___        | ___              | ___       |
| E. Capable of perception and memory to the degree necessary to sustain ADL    | ___        | ___              | ___       |
| F. Able to follow directions and learn to the degree necessary to sustain ADL | ___        | ___              | ___       |
| G. Under medication which impairs functioning                                 | ___        | ___              | ___       |
| H. Capable of decisions about personal and others' needs and safety           | ___        | ___              | ___       |
| I. Does patient constitute a danger to himself/herself or others?             | ___        | ___              | ___       |
| J. Capable of intentional or unintentional verbal or physical abuse of a dog  | ___        | ___              | ___       |

Please explain \_\_\_\_\_

**To the best of your knowledge, how does patient handle the following?**

|                           |   |                                   |   |
|---------------------------|---|-----------------------------------|---|
| Routine medications       | <input type="checkbox"/> Self-administered  | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |
| Finances, checkbook       | <input type="checkbox"/> Self/Self directed | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |
| Housecleaning:            | <input type="checkbox"/> Self/Self directed | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |
| Meals                     | <input type="checkbox"/> Self/Self directed | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |
| Getting dressed           | <input type="checkbox"/> Self/Self directed | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |
| Shopping; groceries, etc. | <input type="checkbox"/> Self/Self directed | <input type="checkbox"/> Assisted | <input type="checkbox"/> Provided by others |

**Additional Comments:** \_\_\_\_\_

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

**IF YES:**

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

If yes, when and duration? \_\_\_\_\_

B. Has permanent damage resulted?  Yes  No

C. Is patient capable of making rational decisions?  Yes  No

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

# Freedom Service Dogs, Inc. (FSD) Medical Form

**Freedom Service and Skilled Companion Dogs** may be skilled at the following tasks.

- Manners and obedience
- Retrieve dropped articles
- Push Lifeline or 911 button
- Find and retrieve phone
- Find help
- Retrieve from refrigerator
- Push handicap buttons
- Turn lights off and on
- Open and close doors
- Enhance balance while walking
- Enhance balance while going up or down stairs
- Provide brace for transfers or getting up from floor/chair
- Assist in pulling wheelchair
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take items to another person
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off

**Freedom Social Dogs** have good manners and basic obedience. Their job is to provide companionship to a patient who would benefit from gaining control of part of their world and a receiving a dog's unconditional love.

**In what ways do you feel this individual might benefit from a service or skilled companion dog?** \_\_\_\_\_

**In what ways do you feel this individual might benefit from a social dog?** \_\_\_\_\_

**The patient must be temperamentally and financially capable of commanding and controlling the dog and of providing for its care.**

Can you recommend that this patient receive an FSD dog?  Yes  No

Why or Why Not? \_\_\_\_\_

**Are you personally familiar with any type of assistance dog (e.g., guide dog for blind, hearing dog, service dog)?**

No  Yes (describe) \_\_\_\_\_

**Do you have any patients with any type of assistance dog?**

No  Yes (describe) \_\_\_\_\_

**Would FSD benefit from a consultation with you?**  No  Yes \_\_\_\_\_

**May we contact you with questions?**  No  Yes

**Additional Comments or Remarks:** \_\_\_\_\_

**Signature of physician or therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to:** Freedom Service Dogs, PO Box 150217, Lakewood, CO 80215-0217

**Fax to:** 303-922-6234

**Call:** 303-922-6231

**WWW.freedom servicedogs.org**