NEW LIFE K9S
PO BOX 4412
SAN LUIS OBISPO, CA 93403
(805)544-LIFE (5433)
WWW.NEWLIFEK9S.ORG

Dear Prospective Client,

Thank you for your interest in being matched with one of our incredible service dogs! This packet includes the Assistance Dog Application, Medical History Form and Service Provider reference form. Please read the instructions carefully, we cannot process applications until we have received all of the required information. If you have any questions about the application process please email us at nicole@NewLifeK9s.org.

A completed application includes the following:

1. A $50 non-refundable application fee (waived for Veterans with service-related disabilities)
2. Your photo
3. The completed Assistance Dog Application form (below)
4. The Medical History form completed by your physician or primary care specialist (below)
5. A personal letter of reference from a friend, teacher, or someone other than a family member
6. A professional letter of reference from a therapist, social worker, teacher, or any other professional with whom you have contact
7. A one-page letter stating your reasons for wanting a service dog and how you feel the dog would benefit you

After a successful application review by our staff, the next steps in the process begin as we send you seven social style forms (to be completed by people you select). You would then complete these forms per the instructions and return them to us. Once we receive all the social styles forms we will contact you to schedule an interview.

If you are selected for placement, please understand that it may take more than two (2) years to match a client with a dog due to the high demand for assistance dogs and the necessity of matching each dog carefully to the personality and needs of each client.

Once a potential match has been determined, you will be invited to attend the two-week Assistance Dog Client Training course held at our San Luis Obispo, CA campus. This class will culminate in a graduation ceremony where your dog will be formally transferred from the puppy raiser, who has been caring for the dog, to you. While attending this training, our Campus Rules will apply to you. Please note that New Life K9s is located on a “no smoking” campus. Please review the Campus Rules online at: **WWW.newlifek9s.org/campus-rules.html**.

The fees associated with receiving a service dog are: a $2200 fee for the dog as well as a $558 fee for the two-week training course (the dog and training course fees are waived for Veterans with service-relate disabilities). Other expenses you will need to plan for are transportation, food, movies, etc. while attending the training course. Once you graduate with your dog, you will be responsible for the ongoing costs of caring for your new partner including food, grooming and veterinary expenses.

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Assistance Dog Application

***Please note**: Application must be completed by the applicant or answered under the direction of the applicant. Questions in the application are only a source of information by which we can ensure that we are prepared to best meet the needs of our applicants.*

General Information

Name _____ Date of Birth _____

Your Birth Order (circle one) 1st 2nd 3rd 4th 5th 6th Other Gender: [ ] M [ ] F

Height _____ Weight _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____)_____ Cell Phone (_____)_____

Email Address _____ Fax (_____)_____

Emergency Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____)_____ Relationship _____

Place of Employment _____

Street Address _____

City _____ State _____ Zip _____

Work Phone (_____)_____ Fax (_____)_____

Attending school at _____

Street Address _____

City _____ State _____ Zip _____

School Phone (_____)_____ Fax (_____)_____

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What is your marital Status?
[ ] Single [ ] Married [ ] Separated [ ] Divorced
[ ] Other _____

What is your military status? [ ] Veteran [ ] Active Duty [ ] Not Applicable

What branch of the military were you in if applicable? _____

With whom do you live? (check all that apply)
[ ] Alone [ ] With parents [ ] With Spouse or significant other
[ ] With attendant [ ] With roommates [ ] Other _____

Where do you live? [ ] House [ ] Apartment [ ] Dorm [ ] Other _____
How long have you lived there? _____

Do you [ ] live with children or [ ] have children who visit regularly? Yes / No
How many children? _____ What are their ages? _____

Your living situation has [ ] A fenced yard [ ] An enclosed area [ ] Neither

Do you own any pets? [ ] Yes [ ] No If yes, please identify types and number:
_____
_____

Have you participated in an in-patient or out-patient mental health program?
[ ] Yes [ ] No If yes, please explain: _____
_____

Do you have any criminal history, been on parole or probation, have any pending charges or charged with driving under the influence? [ ] Yes [ ] No If yes, please explain:
_____
_____

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Do you accept that use of a service dog will publicly identify you as a person with a disability?
[ ] Yes [ ] No If no, please explain: _____
_____

Are you able to travel to New Life K9s office for your interview?
[ ] Yes [ ] No If no, please explain: _____
_____

I acknowledge that New Life k9s does not provide financial assistance to clients.
[ ] Yes [ ] No

What type of assistance dog are you looking for?
Have public access: [ ] Service [ ] Hearing [ ] Guide
[ ] Psychiatric Service [ ] Diabetic Alert

No public access: [ ] Facility [ ] Home helpmate [ ] Emotional support
[ ] Social / Therapy

MEDICAL INFORMATION

Primary Disability _____Age at Diagnosis _____
Cause of Disability (if known) _____
Secondary Disability / Medical Conditions _____
_____
How many hours of attendant care do you receive each week? _____

Please indicate any special instruction / consideration related to your disability / medical conditions (for example hyperreflexia management, seizure precautions, etc.)
_____
_____

Please list any medications, including medical marijuana, you are currently taking:
_____
_____
_____

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Please check each of the following using these number descriptions:
0=non-applicable 1=mild 2=moderate 3=severe

MOTOR IMPAIRMENTS -

[ ] Weakness [ ] Spasticity [ ] Coordination [ ] Other

SENSORY IMPAIRMENTS -

[ ] Vision [ ] Hearing [ ] Loss of sensation

COGNITIVE IMPAIRMENTS -

[ ] Attention [ ] Memory [ ]Problem solving [ ] Judgment

COMMUNICATION IMPAIRMENTS - [ ] Comprehension [ ]Expression

PSYCHOLOGICAL / BEHAVIORAL DESCRIPTIONS -

[ ] Depression [ ] Impaired Self-Esteem [ ] Hopeless / Helplessness
[ ] Appetite Disturbance [ ] Suicidal Ideation [ ] Isolation
[ ] Lack of Empathy [ ] Panic Attacks [ ] Hyper-vigilance
[ ] Anxiety [ ] Emotional Numbness / Detachment / restricted Affect
[ ] Sleep Disorder [ ] Nightmares / Flashbacks / Intrusive Thoughts
[ ] Impulsivity [ ] Exaggerated Startle Response
[ ] Irritability / Anger Control Issues
[ ] Substance Abuse: If applicable, please describe in more detail type & severity:

_____

ADDITIONAL MEDICAL CONDITIONS -

[ ] Cardiovascular disease [ ] Respiratory disease [ ] Diabetes

[ ] Neurogenic bladder [ ] Chronic pain [ ] Seizure disorder

[ ] Neurogenic bowel [ ] Other: _____

ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

[ ] Manual wheelchair [ ] Power wheelchair/scooter [ ] Walker
[ ] Cane [ ] Crutches [ ] Orthosis [ ] Prosthesis [ ] Hearing aid

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Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

No helper
7 Complete independence (timely, safely)
6 Modified independence (device)

Helper-modified independence
5 Supervision
4 Minimal assistance (you can perform 75% of activity)
3 Moderate assistance (you can perform 50% of activity)

Helper-complete dependence
2 Maximal assistance (you can perform 25% of activity)
1 Total assistance (you can perform 0% of activity)

Self-Care

[ ] Eating [ ] Grooming [ ] Bathing [ ] Dressing-upper body
[ ] Dressing-lower body [ ] Toileting

Sphincter Control

[ ] Bladder management [ ] Bowel management

Transfers

[ ] Chair, wheelchair [ ] Toilet [ ] Tub, shower

Locomotion

[ ] Walk & Wheelchair [ ] Walk [ ] Wheelchair [ ] Stairs

Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.

Do you have:

[ ] The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper veterinarian care for the dog?
[ ] The capacity to meet the service dog's social and emotional needs throughout the dog's life?
[ ] The ability, motivation and acceptance of the responsibility for using the dog appropriately?
[ ] The financial means to travel for an interview in San Luis Obispo, at a later date to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses, etc.) in San Luis Obispo, the purchase price of a dog and the annual cost (food, veterinarian care, flea treatment, supplies, other medicine as needed) for a dog?

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

_____ _____
Applicant Signature *Date*

If the applicant is a minor, or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name_____

Street Address _____

City _____ State _____ Zip _____

Phone (_____)_____ Relationship _____

_____ _____
Parent or Guardian Signature *Date*

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Applicant Medical History Form

This form is to be completed by your physician and sent by him/her directly back to New Life K9s. Please sign the release (in the box below) before giving the form to your physician.

Dr. _____

Please release the requested information regarding my condition to New Life K9s. This information will help determine my abilities in regard to the placement of an assistance dog.

Applicant's Name (please print) _____

Applicant's Signature _____ Date: _____

DOCTOR'S NAME _____

Type of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone (____)_____ Fax (____)_____

Email _____

[ ] Yes, you may contact me for further information or clarification if needed.

PATIENT INFORMATION:

What is this patient's primary disability? _____

What was the cause of the disability? _____

At what age was (s)he disabled? _____ Is this disability progressive? _____

Are there additional disabilities such as mild TBI? (If so, please identify)

_____

_____

_____

Current Medications _____

_____

_____

Current number of hours of attendant care per week: _____

For Post-traumatic stress applicants: Is there an active mental health treatment plan?

[ ] yes [ ] no

Would you recommend that a service dog be part of this patient's treatment plan?

[ ] yes [ ] no

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Helper-complete dependence
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1 Total assistance (you can perform 0% of activity)

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Locomotion

[ ] Walk & Wheelchair [ ] Walk [ ] Wheelchair [ ] Stairs

Service dogs can run into difficulties and create problems for the team if the patient does not use the dog appropriately and according to the law.

Would you expect that he/she:

[ ] The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper veterinarian care for the dog?
[ ] The capacity to meet the service dog's social and emotional needs throughout the dog's life?
[ ] The ability, motivation and acceptance of the responsibility for using the dog appropriately?
[ ] The financial means to travel for an interview in San Luis Obispo, at a later date to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses, etc.) in San Luis Obispo, the purchase price of a dog and the annual cost (food, veterinarian care, flea treatment, supplies, other medicine as needed) for a dog?

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If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:

[ ] History of treatment resistance
[ ] Consistent lack of insight regarding disability & related care needs
[ ] Unstable home environment
[ ] Unable to care for dog (either directly or with physical assistance of others)
[ ] Potential for abuse of dog
[ ] Potential for unsafe, unhealthy environment for dog

Please provide additional details if you checked any of the above items:

_____
_____
_____
_____

Can you recommend this individual for an assistance dog? _____

Do you have additional comments/concerns? if so, please explain:

_____
_____
_____
_____

_____ _____
Physician's Signature *Date*

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Client Reference — Service provider

Name: _____ Date: _____

Phone: (____)_____ Fax: (____)_____

I hereby give my permission for the above-stated service provider to supply any information regarding my physical and/or psychosocial status to New Life K9s for the purpose of completing my application for an assistance (service) dog.

_____ _____
Client Name (Please print clearly) Client Signature

Service Provider Contact Information

Name:_____

Relationship:_____ Phone: (____)_____

Fax: (____)_____

Name:_____

Relationship:_____ Phone: (____)_____

Fax: (____)_____

Name:_____

Relationship:_____ Phone: (____)_____

Fax: (____)_____