Our application process includes several steps: Client Profile, Background Check ($15 will be

charged by Secure Search), Medical Recommendation, and your DD214 (if you are a veteran). All steps **must** be complete before you will be interviewed as a potential client. We reserve the right

to determine that an applicant is not an appropriate fit at any point during the process.

Our service area is metro Denver, foothills and I-25 corridor from Castle Rock to Broomfield. For clients out of the service area, Faithfully K9 Service Dogs will meet once at client's home with

future sessions occurring within the service area. Clients out of the service area please initial agreement to meet within service area. Initial \_\_\_\_

**CLIENT PROFILE Date \_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full legal name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * If under 18, there must be an adult ultimately responsible for the dog who will participate in the training. Minors are considered 3rd party, meaning they will not have public access without the designated adult(s) present. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| -- Name(s) of adult(s) | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a preferred nickname? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Sex | | | |  | | |
| Date of Birth | | | | |  | | | | | | | | | | | Age | | | |  | | | | | | | | | |  | | | | | | |  | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |  | | | | |
|  | *Street* | | | | | | | | | | | | | | | | | | | | | | | | | | *City* | | | | | | | | | | | | | *State* | | | | *Zip* | | | | |
| Cell Phone | |  | | | | | | | | | | | | Do you text? | | | | | | | | | | | |  | | | | | | | | Home Phone | | | | | | | | |  | | | | | |
| Work Phone | | | | | |  | | | | | | | | | | | | Employer | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you are or have been in the military: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dates of Service | | | | | | | | | |  | | | | | | | | | Branch | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| Is your disability combat related? (This will not affect your status with us, this | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| question is for grants purposes only.) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your disability? Please list all physical and mental diagnoses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veterans what is percentage for each disability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Relationship to you | | | | | | | | | | | | |  | | | | | |
| Emer. Contact’s Phone # | | | | | | | | | | | | |  | | | | | | | | | | | | Secondary # | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | |
| If we are evaluating your dog to become your service dog: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dog’s Name | | | | | | | | |  | | | | | | | | | | | | | Breed | | | | | | |  | | | | | | | | | | | | | | | | Age | | |  |
| Date of birth | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | |  |
| Color | | |  | | | | | | | | | | | | | | | | | | | | Sex | | | | | | | |  | | | | | Neutered/Spayed? | | | | | | | | | | |  | |
| Weight | | | | |  | | --- | |  | | | | | | | | Is your dog a rescue? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| How did you hear about us? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

What are your limitations regarding mobility, strength, endurance, balance, hearing, vision, speech, sensitivities, learning and anything else relating to how your disability effects you?

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Are you anticipating any upcoming surgeries or changes in health?

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Do you have ideas about how a service dog may help you?

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Are you looking for a dog to help you at home, in public, or both? Please explain:

|  |
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| --- | --- | --- |
| Have you had a service dog before? |  | |
| How long have you been considering using a service dog? | |  |

Do you have plans to move within the next few years? If so, where to?

|  |
| --- |
|  |

Who else lives in your home?

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship to you |
|  |  |  |
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Does anyone else living in your home have a disability?

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Is there anything else unique about your home or visitors to your home that you would like to tell us?

|  |
| --- |
|  |

What pets do you currently have?

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| --- | --- | --- | --- | --- |
| Name | Species, breed | Age | Spayed or neutered? | Gets along with dogs? |
|  |  |  |  |  |
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Additional notes we should know about your current pets:

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Are you planning on adding any additional pets to your household?

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Have you trained a dog before? If so, tell us a bit about it.

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Can you commit to a year of training with Faithfully K9?

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|  |

Availability for training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND CHECK will be conducted by SecureSearch**

**(I will email them your email, you will receive an email from them, they will charge you $15)**

|  |  |
| --- | --- |
| Full legal name: |  |

|  |  |
| --- | --- |
| Other names you have been known by: |  |

Have you ever been convicted of a crime? This will not necessarily impact your eligibility for a service

|  |  |
| --- | --- |
| dog. |  |

|  |  |
| --- | --- |
| If yes, please describe: |  |
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**MEDICAL RECOMMENDATION**

For clients with a mental health diagnosis you will need to send the following form (pages 9-10) to your therapist. If you have a physical disability we will need this form to be filled out by your primary care doctor. If you have both a mental health diagnosis and a physical disability we will need this form to be sent to both, even if you are only seeking a service dog for one type of disability.

Please put your name and date of birth at the top of the form and leave the rest for the physician or therapist to fill out. You should bring an envelope stamped and addressed for the paperwork, and your doctor should mail the form directly back to us. Please address envelope to:

Faithfully K9 Service Dogs and Dog Training

25587 Conifer Rd. Suite 105, #129

Conifer, CO 80433

Medical Recommendation Form

Patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named patient is seeking a service dog. Please complete this form and send it back to us directly at:

Faithfully K9 Service Dogs and Dog Training

25587 Conifer Rd.

Suite 105 #129

Conifer, CO 80433

We maintain confidentiality of our clients’ records. We will not share this information with the client without your express permission. You may contact us at **720-934-7378** or **info@faithfullyk9.org** if you have any questions.

Practitioner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of association with patient:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Patient’s diagnoses: |  |
|  | |

Our service dogs learn obedience and exceptional manners, provide companionship and are trained for varying skills which may include but are not limited to:

* Aiding in balance
* Retrieving or carrying items
* Interrupting undesirable behaviors
* Finding help
* Retrieving the phone
* Opening doors
* Creating space
* Tugging off jackets, shoes or socks
* Waking from nightmares

Do you believe that your patient would benefit from having a service dog?

|  |
| --- |
|  |
|  |

Is there a reasonable expectation that this patient will be able to use a service dog for

|  |  |
| --- | --- |
| ten years? |  |

Do you believe that this patient will properly care for a dog, including appropriate

|  |  |
| --- | --- |
| handling, exercise and financially meeting a dog’s needs? |  |

Has patient had a history of drug or alcohol abuse?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Has patient attempted suicide? |  |

Does patient have a history of physical abuse towards others?

|  |
| --- |
|  |

If patient is cognitively impaired, how significantly are they affected?

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| --- |
|  |

How effective is the patient at overcoming their limitations?

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| --- |
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| --- | --- | --- |
| Is there anything else we should know? | |  |
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| --- | --- |
| May we contact you with questions? |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature