

Freedom Service Dogs, Inc. – Client Application

2099 Wadsworth Blvd. Unit P

Lakewood, Colorado 80214

Ph: (303) 922-6231 – Fax: (303) 922-6234 – www.freedom servicedogs.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. Application requires two parts: **Part A - Client Application**, completed by client, a **Video** of your home and environment, and **two Letters of Recommendation. Part B - Medical Form**, from your physician or therapist, describing your disability.

**APPLICATION PART A**

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_

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

Address \_\_\_\_\_

Street

City

State

Zip

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

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

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 being able to spend much time away from home. They would benefit from the dog's "at home" helping skills and companionship. 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.

FREEDOM SERVICE DOGS, INC. (FSD) CLIENT APPLICATION

What is your disability?

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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 may also provide companion dogs for autistic clients. FSD does **not** train dogs to assist people with significant vision or hearing impairment.

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

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

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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 → → → → 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? \_\_\_\_\_

FREEDOM SERVICE DOGS, INC. (FSD) CLIENT APPLICATION

**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 \_\_\_\_\_

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

Personal Care  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?) \_\_\_\_\_

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? \_\_\_\_\_

FREEDOM SERVICE DOGS, INC. (FSD) CLIENT APPLICATION

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

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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?

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Please describe your home and yard.

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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 \_\_\_\_\_

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What pets do you have now? Describe type and age

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Veterinarian's name and phone

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

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

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

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FREEDOM SERVICE DOGS, INC. (FSD) CLIENT APPLICATION

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your FSD dog?

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

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Will it be difficult for you?

- To attend placement classes at the FSD Training Center in Lakewood, CO for four hours a day for 3 weeks?  Yes  No
- To limit your calendar for the 30-day bonding period?  Yes  No
- To attend an approved Obedience Class?  Yes  No

Please explain any Yes answer

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**Living with a Freedom Service Dog**

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

- That there is 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

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- That 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 and that no FSD dog will be in a yard or kennel for long periods of time.  
 Yes  No, explain

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- That an FSD Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.  
 Yes  No, explain

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FREEDOM SERVICE DOGS, INC. (FSD) CLIENT APPLICATION

- That you and your dog are ambassadors for Freedom Service Dogs, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.
- That 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 \_\_\_\_\_
- That 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  
\_\_\_\_\_  
\_\_\_\_\_
- That you 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 \_\_\_\_\_
- That 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return Part A of the **Client Application and your Video** to:

Freedom Service Dogs, Inc.  
2099 Wadsworth Boulevard Unit P ,  
Lakewood, Colorado 80214

If you have questions, call us at (303) 922-6231

Freedom Service Dogs, Inc. (FSD) Client Application

**Letters of Recommendation**

Please 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

## Medical History Form

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 my situation and is essential for FSD to train a service dog to increase my independence 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 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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.
- If you have questions, please contact Freedom Service Dogs, Inc. at (303) 922-6231. Please mail the completed form to:

Freedom Service Dogs, Inc.  
2099 Wadsworth Blvd. Unit P  
Lakewood, CO 80214  
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) Client Application

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)

|             |   |                               |   |                             |
|-------------|---|-------------------------------|---|-----------------------------|
| <u>None</u> |   | <u>Needs assistive devise</u> |   | <u>Needs full-time care</u> |
| 1           | 2 | 3                             | 4 | 5                           |

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

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

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

|             |   |                               |   |             |
|-------------|---|-------------------------------|---|-------------|
| <u>None</u> |   | <u>Needs assistive devise</u> |   | <u>Deaf</u> |
| 1           | 2 | 3                             | 4 | 5           |

How severe is the patient's cognitive impairment?

|             |   |                               |   |                             |
|-------------|---|-------------------------------|---|-----------------------------|
| <u>None</u> |   | <u>Often needs assistance</u> |   | <u>Needs full-time care</u> |
| 1           | 2 | 3                             | 4 | 5                           |

Do limitations affect patient's ability to control his/her own behavior?

|               |   |                 |   |                          |
|---------------|---|-----------------|---|--------------------------|
| <u>Normal</u> |   | <u>Moderate</u> |   | <u>Poor self-control</u> |
| 1             | 2 | 3               | 4 | 5                        |

How effective is the patient at handling and overcoming their limitations?

|                    |   |                 |   |                       |
|--------------------|---|-----------------|---|-----------------------|
| <u>Ineffective</u> |   | <u>Moderate</u> |   | <u>Very competent</u> |
| 1                  | 2 | 3               | 4 | 5                     |

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

|                   |   |                 |   |                      |
|-------------------|---|-----------------|---|----------------------|
| <u>Unreliable</u> |   | <u>Moderate</u> |   | <u>Very reliable</u> |
| 1                 | 2 | 3               | 4 | 5                    |

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

To what degree do limitations affect patient's ability to perform Activities of Daily Living\* (ADL):

|               |   |                 |   |                        |
|---------------|---|-----------------|---|------------------------|
| <u>Normal</u> |   | <u>Moderate</u> |   | <u>Totally reliant</u> |
| 1             | 2 | 3               | 4 | 5                      |

\* Activities of Daily Living (ADL) 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.

### Cognitive and Emotional Evaluation of Patient:

|  | <u>Yes</u> | <u>Minimally</u> |
|--|------------|------------------|
| <b><u>No</u></b>   |            |                  |
| A. Able to exercise judgment and make decisions necessary for ADL<br>_____             | _____      | _____            |
| B. Able to sustain attention span<br>_____   | _____      | _____            |
| C. Manifesting inappropriate behavior beyond his/her control<br>_____                  | _____      | _____            |
| D. Able to control physical or motor movement sufficient to sustain ADL<br>_____       | _____      | _____            |
| E. Capable of perception and memory to the degree necessary to sustain ADL<br>_____    | _____      | _____            |
| F. Able to follow directions and learn to the degree necessary to sustain ADL<br>_____ | _____      | _____            |
| G. Under medication which impairs functioning<br>_____                                 | _____      | _____            |
| H. Capable of decisions about personal and others' needs and safety<br>_____           | _____      | _____            |

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

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

Freedom Service 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 Service and Social dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving an FSD dog? If so, please describe:

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

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

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May we contact you with questions?  No  Yes

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

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

**Mail to: Freedom Service Dogs  
2099 Wadsworth Blvd. Unit P  
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