

Please note: Application must be completed by the applicant or answered under the direction of the applicant. Any application for a minor must be completed by a parent or legal guardian.

GENERAL INFORMATION

Name _____ Date of Birth _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Cell Phone (_____) _____
Email Address _____ Fax (_____) _____
Height _____ Weight _____ Gender _____

Have you had a service dog from Multi-Sport K9 before? ___ Yes ___ No, if yes when did you get your last dog from us? _____. What happened to the prior dog? _____

Emergency Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (_____) _____ Relationship _____

Place of Employment _____
Street Address _____
City _____ State _____ Zip _____
Work Phone (_____) _____ Fax (_____) _____

School attending _____
Street Address _____
City _____ State _____ Zip _____

School Phone (____) _____ Fax (____) _____

Multi-Sport K9 requests information and materials that may be considered confidential which will be used only for this application and not for any other purpose.

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? _____

Are you a Combat Veteran? Which Conflict or area where you deployed to and dates?

With whom do you live? (check all that apply) ___ Alone ___ With parent(s) ___ 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? _____

Do you have a ___ fenced yard ___ an enclosed area for the dog ___ neither?

Do you own any pets? ___ Yes. ___ No. If yes, please identify types and number:

Have you participated in an in-patient or outpatient mental health program? ___ Yes

___ No. If yes, please explain and supply dates of most recent stay: _____

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:

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/ meet with Multi-Sport K9 for an interview? ___Yes. ___ No.

If no, please explain: _____

I acknowledge that Multi-Sport K9 does not provide financial assistance to clients for travel or stay during the placement process. ___Yes. ___ No

MEDICAL INFORMATION

Primary Disability _____

Age at Diagnosis _____

Cause of Disability (if known)

Secondary Disability/Medical
Conditions _____

How many hours of attendant care 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 and possible or known side effects:

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

If other please explain: _____

SENSORY IMPAIRMENTS - Vision Hearing Loss of sensation Other

If other please explain: _____

COGNITIVE IMPAIRMENTS - Attention Memory Problem solving

Judgment Other. If other please explain: _____

COMMUNICATION IMPAIRMENTS - Comprehension Expression

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS

Depression Impaired Self-Esteem Hopeless / Helplessness

Appetite Disturbance Suicidal Ideation Isolation

Emotional Numbness / Detachment / Restricted Affect Lack of Empathy

Anxiety Panic Attacks Hyper-vigilance Exaggerated Startle Response

Sleep Disorder Nightmares / Flashbacks / Intrusive Thoughts Impulsivity

Irritability / Anger Control Issues

Substance Abuse : If applicable, please describe in more detail type & severity:

ADDITIONAL MEDICAL CONDITIONS

- Cardiovascular disease
- Respiratory disease
- Diabetes Seizure disorder
- Chronic pain
- Neurogenic bladder
- Neurogenic bowel
- Other _____

ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

- Manual wheelchair
- Power wheelchair/scooter
- Walker
- Crutches
- Cane
- Orthosis
- Prosthesis
- Hearing aid
- Other: _____

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: (Please initial each of the following only if you can provide it)

the capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper and timely 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: (Please initial each of the following only if you can provide it)

[] travel for an interview?

[] attend client training? (housing, travel, food, entertainment, other expenses)

[] provide the annual cost to care for the dog? (food, veterinarian care, flea treatment, supplies, other medicine as needed)

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