



Private Lessons/Group Class Client Intake Form

Part 1

Thank you for requesting to train your service dog with Loyal Guardians Service Dog Training. The addition of a service dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant. We encourage interested parties to apply. This in no way commits the applicant to a decision, but instead indicates an interest and allows us to schedule an interview to discuss the specifics of the program and how a dog may fit into and benefit the individual's life.

We will work with a child who are at least 10 years of age. It is felt that younger children do not have the developmental skills necessary to allow for the consistent care and handling that is so vital for the success of a working team. Exceptions are made based on case by case for younger children.

It is important that we learn about the applicant, so we ask that the person applying complete the application. If unable to do so, please complete it using the applicant's own words. In the case of children under the age of 18 we support the assistance of the parents and/or guardian.

There is a \$25 non-refundable processing fee that must be included with the application.

Once the application has been reviewed, an initial interview will be scheduled.

Loyal Guardians Service Dog Program is an accredited and licensed facility.

Loyal Guardians Service Dog Training respects the privacy of its applicants and recipients and all information is kept confidential although files may be periodically reviewed by accreditation agencies to ensure LGSDT Program is commitment to the highest standards of excellence in the assistance dog industry.

Loyal Guardians Service Dog Program conducts its business and acceptance process in a manner that will not discriminate against anyone on the basis of race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era.

It is Loyal Guardians Service Dog Program's policy to treat everyone who comes in contact with our organization with respect and dignity at all times. At no time will Loyal Guardians Service Dog Program require applicants, students, or graduates to participate in fundraising on behalf of our program. We however always accept help in fundraising.

I have read, understand, and agree to Part 1 of this application (please initial): ____

(parent/guardian please initial if applicant is under the age of 18 years): _____

Part 2

What to expect after you apply:

You will participate in an initial interview. Initial interviews are held in person at Loyal Guardians Service Dog Training Facility. If the applicant is under the age of 18, all custodial parents or legal guardians must attend the interview. Expenses associated with travel, and lodging if necessary, are the applicant's responsibility.

What to expect after your interview:

You will receive notice within 3 days of your interview. Your letter will either be an acknowledgement that you have been placed onto our applicant waiting list or indicate that our program is not a good fit for your needs.

What to expect if approved

*You will participate in an Individual or Group Training. The length of our Group or Individual Training is generally determined on a case by case basis.

Generally it will take up to 2 years to fully train a service dog.

* You will attend weekly/bi weekly training classes (or as many as possible).

* We encourage you to attend once a month Saturday outings whenever possible.

* We recommend you start fundraising for expenses associated with having a service dog.

* We encourage you to be excited, enthusiastic and patient. We will do our best to meet your needs in a timely manner.

* We encourage you to contact us with questions or concerns; we are here to help make this process as smooth and comfortable for you as we can. Our office hours are Mondays-Thursdays 9am-4pm.

What to expect after you begin your service dog training journey

* The 1st year will be a challenging year of ups and downs as you and your service dog learn to work together and form your handler/dog relationship and bond.

* You will be responsible for annual Public Access Tests to keep your certification current and this test will take place in Telluride, Ridgeway, Montrose, Delta, or Grand Junction Colorado

* Our program staff stays available to answer any questions you have as you navigate using your service dog training skills.

I have read, understand, and agree to Part 2 of this application (please initial): ____

(parent/guardian please initial if applicant is under the age of 18 years): ____

Personal Information:

Full Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact:

Full Name: _____

Relationship: _____

Phone Number: _____

Additional Information:

How did you hear about our services? _____

Medical History:

What is your primary disability? _____

What is the cause of your disability? _____

Are there significant secondary disabilities? Yes No

Please

describe _____

At what age were you disabled? _____

Is your disability progressive? Yes No

Have you ever been hospitalized? If yes, please provide
details: _____

Do you have any chronic illnesses or medical conditions? Please
list: _____

Are you currently taking any medications? Please

list: _____

Do you have any allergies (medications, food, etc.)? Please
list: _____

Have you ever had surgery? If yes, please provide

details: _____

Have you ever been diagnosed with any mental health conditions? Please

list: _____

Are you currently pregnant or breastfeeding? (If applicable) _____

Do you have any dietary restrictions or special nutritional needs? Please
specify: _____

Health Habits:

Do you smoke? If yes, how many cigarettes per day?

Do you consume alcohol? If yes, how often and how much? _____

Do you exercise regularly? If yes, what type and frequency? _____

Do you have any history of substance abuse? Please provide details: _____

Check all that apply:

What are the effects of your disability? (Please check all that apply)

- Speech impairment
- Reduced stamina
- Hearing loss
- Memory loss
- Vision impairment
- Spasticity
- Coordination problems
- Deafness
- Muscular weakness
- Limited mobility
- Slowed development

Do you have any of the following problems?(Please check all that apply)

- Allergies
- Chronic pain
- Depression
- Seizures
- Balance
- Brittle Bones
- Heightened emotions
- Skin sensitivity
- Heat/Cold sensitivity

Do you use an assistive device?(Please check all that apply)

Prosthesis
Leg brace
Walker
Wrist brace
Hearing aid
Crutch/cane
Wheelchair (electric)
Wheelchair (manual)

Do you require the assistance of an aid or family member for daily living skills? If so, what are that person's responsibilities and number of hours worked per day and how many days per week?

Can you: (Always Often Sometimes Never)

A. Pick up items off the floor?
B. Push elevator buttons?
C. Turn lights on and off?
D. Push a manual wheelchair
E. Flex your wrist?
F. Make a fist?
Left wrist
Left hand
Right wrist
Right hand
Neither
Not at all

Do you:

Drive
Ride buses
Fly in airplanes
Travel distances on foot/wheels
Driven by others

Do you have a valid driver's license? ____ Yes ____ No

Do you currently operate a motor vehicle? ____ Yes ____ No

If yes, do you utilize any adaptive equipment while driving? _____

Are you: (circle all that apply)

Single Married In a Relationship

Do you live: (circle all that apply)

- Alone
- With Parents
- Attendant
- Spouse/significant other
- Roommates

Number of children in the home _____

Ages _____

Do you have children who visit you? _____ How often?

Do you (circle answers that apply to you specifically):

- A. Use a: Manual chair \ Electric chair / Scooter Walker/Crutches
- B. Transfer by: Standing / Pivoting / Slide board With help
- C. Is your speech: Clear-rapid / Clear-slow / Slurred / Difficult to understand
- D. Communicate best by: Voice / Letter board / Interpreter / Other
- E. Walk: Long distance / Short distances / Only with support / On level ground
- F. Lift your arms: Above your head | To your shoulders / Only slightly
- G. Exercise: Regularly / Often Sometimes / Infrequently / Never

Is your...(Normal, Excellent, Somewhat limited, Soft, Loud, Very limited, Fair, Poor, Deaf)

A. Voice _____

B. Lung Capacity _____

C. Hearing _____

D. Balance _____

E. Endurance _____

F. Mobility _____

G. Physical strength _____

H. Speed of reaction _____

I. Vision (with correction) _____

Are you:(Always, Often, Sometimes, Never)

- A. Extra sensitive to heat _____
- B. Extra sensitive to cold _____
- C. Extra sensitive to pain _____
- D. Socially active _____

Does your current living situation have:

Animals in the household:

Dogs

Cats

Other: _____

A fenced yard | Enclosed outside area \ Park or yard nearby

Neighbors in close proximity _____

Busy streets nearby _____

Neighborhood dogs running loose _____

Do you:

Work/volunteer outside the home _____

Work/volunteer from/at home _____

Attend school _____

Shop – groceries, clothes, etc _____

Engage in recreation outside the home _____

Formally exercise _____

Do you belong to any clubs, groups, or organizations listed below?(please check all that apply)

Lions

Veterans

GFWC

Rotary

Kiwanis

Soroptimists

What tasks/jobs are you interested in having a service dog do for you? Why?

Please describe personal/physical care management practices that you have which could affect the service dog training. _____

Please describe your home life, social activities, hobbies, and lifestyle in general. _____

Please describe how you will handle the following areas of dog care:

A. Feeding _____

B. Grooming _____

C. Toileting _____

D. Vet care _____

E. Financial costs _____

F. If you are hospitalized _____

G. Flea or tick problems _____

H. Family, friend involvement _____

I. Access issues _____

J. Dog behavior problems _____

Are you the kind of person who: (Never Rarely Sometimes Often Always)

Enjoys people contact? _____

Is a risk taker? _____

Easily expresses emotions? _____

Likes to be in charge? _____

Is easily bored with people? _____

Is determined to accomplish goals? _____

Rate yourself in the following areas:(Never Rarely Sometimes Often Always)

Assertive _____

Self-confident _____

Ability to respond rationally to crisis _____

Ability to accept criticism/correction _____

Willing to learn new concepts _____

Ability to laugh at self _____

Personal shyness _____

Please list your sources of income: _____

Do you have any experience working with animals? If yes, please explain:

Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse,

mistreatment, neglect or harm to animals? ____ Yes ____ No

If yes, describe in detail including the state and date in which the conviction was made:

Would you be able to come to our organization for the required two week training course? (This occurs when we are ready to place a dog with you)

The cost of travel, lodging and meals is the applicant's responsibility.

Is there anything else you think we should know about your medical history or current health status? _____

APPLICANT MEDICAL HISTORY FORM

This form is to be completed by your physician and sent together with your other application materials to LG Service Dog Program.

Dr. _____

Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the place of an assistance dog.

Applicant's Name (please print): _____

Applicant's Signature: _____ Date: _____

Doctor's Name _____

Type of practice _____

Address _____

City _____

County _____

State _____

Zip _____

Phone _____

Fax _____

Patient Information:

What is this patient's primary disability? _____

What was the cause of the disability? _____

Are there significant secondary disabilities? ____ Yes ____ No

If yes, please describe: _____

At what age was (she/he) disabled? ____

Is this disability progressive? ____ Yes ____ No

Is there an incapacity due to or affected by alcoholism or drug abuse? ____ Yes ____ No

What are the effects of your patient's disability? (Check all that apply)

Deafness Speech Impairment Reduced stamina
 Hearing loss Coordination problems Limited mobility
 Memory loss Vision impairment Slowed development
 Spasms Muscular weakness Other: _____

Does your patient have any problems with: (Check all that apply)

Allergies Chronic pain Heightened emotions
 Depression Seizures Skin sensitivity
 Balance Brittle bones Heat/cold sensitivity

Does patient use an aid or assistive device? (Check all that apply)

Prosthesis Wheelchair (manual) Wheelchair (electric)
 Leg brace Wrist brace Hearing aid
 Crutch/cane Walker Other: _____

Activities of Daily Living

Is this patient: Please Circle Below

A. Able to exercise judgement and make decisions necessary for daily living? Yes Minimally No

B. Able to sustain an attention span? Yes Minimally No

C. Manifesting inappropriate behavior beyond his/her control? Yes Minimally No

D. Able to control physical and motor movement sufficient to sustain daily living? Yes Minimally No

E. Capable of perception and memory to the degree necessary to sustain daily living? Yes Minimally No

F. Able to follow directions and learn to the degree necessary to sustain daily living? Yes Minimally No

G. Under medication which impairs physical or mental functioning? Yes Minimally No

H. Capable of decisions concerning self and others needs and safety? Yes Minimally No

Can you recommend this individual for an assistance dog? ___ Yes ___ No

Do you feel the assistance dog program might benefit from a consultation with you? ___ Yes ___ No

Comments:

Physician Signature: _____

Date: _____

Medical License # _____

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize

To release/exchange information contained in my medical records to the following individuals and/or organizations, for the purpose listed below.

Name of persons(s) organization(s) and address to whom disclosure/exchange is to be made:

Loyal Guardians Service Dog Training Staff
5632 Paradise Rd Delta, Co 81416

Specific type of information to be disclosed/exchanged:

- Diagnosis
- Medical information/examination
- Attendance
- Recommendations
- Progress
- Drug/Alcohol History
- Financial
- Other: physical needs as pertaining to service dog work

The purpose/need for such disclosure/exchange:

To determine the best training program for consumer and service dog

Consumer or Legal Guardian Signature

Date _____

Witness Signature _____

Date _____

I understand that I can revoke this consent at any time by signing my name below:

Consumer (Legal Guardian) Signature

Date_____

Part 3

PLEASE INCLUDE WITH YOUR APPLICATION THE FOLLOWING:

THE COMPLETED APPLICATION

A PHOTO OF THE APPLICANT

A MEANING AND FUNCTION OF A SERVICE DOG ESSAY :Please explain why you feel a service dog would be beneficial.

Which of your daily activities could be accomplished more easily and independently with the help of a service dog?

How do you feel a service dog could help you other than with physical tasks?

What do you feel you will be able to offer the dog in return?

A Service Dog is specifically trained to perform a minimum of 3 tasks to mitigate the aspects of the client's disability. Note: retrieval is one task and can include retrieving multiple items however it is still considered 1 task!

Please complete essay on separate pieces of paper. Essay must be in the words of the person applying for the dog.

\$25 NON-REFUNDABLE APPLICATION PROCESSING FEE

MEDICAL FORMS

Have your Doctor complete the medical form that came with your application and return it with all the other required documents at the same time.

HIPPA CONSENT TO RELEASE INFORMATION FORM

This form was also included with your application packet.

Note: Please review all your documentation before returning to the Loyal Guardians Service Dog

Program. It is extremely important that we receive all the information requested at the same time in order to give your application our full attention and consideration.

Thank you!

COMPLAINT POLICY F O R N O N -E M P L O Y E E S

Part 4

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning Loyal Service Dogs Program practices has the right to file a complaint according to procedures outline in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above that person has the right to appeal directly to the Program Manager.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers, Donors, Applicants, Students, Recipients should talk with the Program Manager. If a solution cannot be reached, the person may present a formal complaint, in writing to the Board of Directors for LGSDT. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, Loyal Guardians Service Dog Program will attempt to resolve a complaint within 30 working days from the time of its initiation. If an extension of the time limit becomes necessary all involved parties will be notified.

I have read, understand, and agree to the Complaint Policy for Non-employees as presented above.

Print Name: _____

Signature: _____

Date: _____

Parent/Guardian's Signature if Applicant, Volunteer, Student, Recipient/Donor is under the age of 18 years: _____

Date: _____

Return this completed application along with the items listed and all requested medical forms to the address listed below. Please allow up to 45 days for processing and scheduling of your initial interview. If you have any further questions please call

Loyal Guardians Service Dog Program, 5632 Paradise Rd. Delta, Co 81417

lgsdt@gmail.com

Applicant Signature

If the applicant is a minor, under guardianship, conservatorship or a ward of the court, the parent or

legally authorized representative is required to sign below pursuant to state or federal law.

Name (please print) _____

Relationship

Address _____

Phone

Parent or Legal Guardian Signature

FOR OFFICE USE ONLY

Date received By

Application complete?

If not, what is missing? _____

Date of interview Interviewer

Payment Enclosed? _____

Accepted/Rejected

Reason for rejection