



K9 CARE MONTANA, INC. SERVICE DOG APPLICATION FOR WOUNDED WARRIOR

Today's Date: _____ Your Age: _____ Your Sex: _____

Name: (Mr./Mrs./Ms.): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Date of Birth: _____ Height: _____

Weight: _____ Are you currently employed? Yes _____ No _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Occupation: _____

Are you: Married _____, Single _____, Separated _____, Divorced _____

The highest level of education you have completed: _____

Spouse's Name: _____

Spouse's Employers Name: _____

Spouse's Employers Phone: _____

Are you a veteran? Yes _____ No _____

Years served; from _____ to _____ Current Rank _____

Army/Navy/Air-Force/ Marines (circle one)

In what war or conflict(s) did you serve? _____

Have you been diagnosed with Post Traumatic Stress Disorder? _____

If yes, when and where was it diagnosed? _____

What Veterans hospitals have you been a patient? Were you an in-patient? _____

If yes, please list dates and treatments _____

Please list your disability(s) and limitation(s): _____

How long have you been disabled: _____

Do you require the assistance of an attendant? Yes _____ No _____

How often do you have an attendant? _____

What does your attendant do for you? _____

Is your attendant aware that you are applying for a service dog? Yes _____ No _____

What are your expectations for/of your service dog? _____

Please answer these questions about yourself:

What is your mobility? _____

Please list any and all of your support groups and organizations. _____

Have you experienced a spinal injury? _____

If yes, please list level of injury and details _____

What is your overall physical strength? _____

Loss of arm strength: (Please check the level that you are generally at each day.)

Right Arm: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Left Arm: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Loss of fine motor skills in your hands:

Right Hand: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Left Hand: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Do you have any vision loss that can NOT be corrected with glasses? Yes ____ No ____

If yes, explain: _____

Reaction Speed: normal ____ slightly impaired ____ moderately impaired ____

Severely impaired ____

Endurance: high ____ no limitations ____ moderate ____ mild ____

Balance: normal ____ mildly impaired ____ moderately impaired ____

Severely impaired ____

Cold Sensitivity: normal _____ impaired _____

Heat Sensitivity: normal _____ impaired _____

Oral Speech is: clear ____ distorted but understandable ____ few people can

understand me other than family members ____ no speech at all ____

My speech is: high-pitched ____ low-pitched ____

Do you use a wheelchair? Yes ____ No ____ manual ____ electric ____

How much time do you spend in the wheelchair each day? _____

If your wheelchair is electric, where is the control panel located? _____

Do you have any other challenges in addition to your disability? Yes ____ No ____

If yes, explain: _____

Do you use any of the following devices: (Please check all that apply)

Walker: _____ Canadian Crutches: _____ Cane: _____ Regular Crutches: _____

Any other devices: (Please List) _____

Are you able to walk? (Slowly, short distances, etc.) Yes _____ No _____ Normally _____

If yes, but limited, please explain: _____

Are you able to perform everyday tasks such as?

Feeding yourself: Yes _____ No _____ Dressing yourself: Yes _____ No _____

Personal Hygiene: Yes _____ No _____ Maintain your own residence: Yes _____ No _____

Manage your own finances: Yes _____ No _____ Utilize outside services: Yes _____ No _____

If your answer was no to any of the above tasks, who does these things for you? _____

Are you, or is anyone, who lives with you, allergic to dogs: Yes _____ No _____

If yes, to what extent? _____

Do you have any animals in your home at this time? Yes _____ No _____

Please list all animals (name, age, type of animal, etc.): _____

Do you have any outdoor animals? Yes _____ No _____ How many? _____

What kind? _____

Do they ever come indoors? Yes _____ No _____ When? _____

How many people live in your household? Please list name, age, and relationship to you:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you plan to move in the near future: Yes _____ No _____ To Where? _____

Do you live in an: apartment _____ duplex _____ trailer _____ house _____ dorm _____

Other type of housing (please list) _____

If you rent, Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone: _____

Do you have a yard? Yes _____ No _____ Is it fenced? Yes _____ No _____

Is your Landlord aware you are applying for a service dog? Yes _____ No _____

Have you ever had a service dog from another agency? Yes _____ No _____

If yes, what was the name of the agency? _____

Address of the agency? _____

Phone number of the agency? _____

When did you receive this dog? _____

Where is the dog now? _____

How long did you have this dog? _____

If you've had more than one dog, were they from the same agency? Yes ____ No ____

Have you ever owned a pet dog? Yes _____ No _____ When _____

What breed of dog was it? _____

Will you be able to walk your service dog yourself? Yes _____ No _____

If not, whom will you arrange to walk and clean up after your dog? _____

Will you be able to feed the dog yourself? Yes _____ No _____

If not, who will feed the dog daily? _____

How many hours a day will your service dog be alone? _____

Explain: _____

How much will the dog travel with you? _____

Do you plan to take your service dog to work with you? Yes _____ No _____

Have you already discussed this with your employer? Yes _____ No _____

If yes, does your employer have any concerns about you bringing your service dog with you?

Yes _____ No _____

What is your employer concerned about? _____

Have you ever had a negative experience with a dog? Yes _____ No _____

Which breed? _____

Is there any particular breed you would NOT want as a service dog? Yes _____ No _____

If yes, please explain: _____

Do you feel you have adequate knowledge of service dogs and what their care involves:

Yes _____ No _____

If no, are you willing to learn more about service dogs? Yes _____ No _____

Are you willing to accept full responsibility for your dog's health? Yes _____ No _____

Will you accept full responsibility for your dog's behavior? Yes _____ No _____

Do you have the facilities for regular exercise for the dog? Yes _____ No _____

Describe the Facilities : _____

How do the other people in your household feel about you getting a service dog? _____

How do your friends feel about you getting a dog? _____

How do you feel a service dog can help you? Please describe: _____

What is your primary goal you plan on achieving with your service dog? _____

The average food expense for a service dog is \$250-\$300.00 or more annually. The veterinary expense for a dog is \$120-\$200.00 or more annually. Can you afford this expense? Yes _____ No _____

_____ If not, please explain: _____

What tasks do you want your service dog to perform? Please list them in priority order:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Did you need help to fill out this questionnaire? Yes _____ No _____

We appreciate your time. The more we know about you, the easier it is to choose a dog with the right qualifications to work best with you.

Date: _____

Signature: _____

To assist us in fundraising, please answer the following questions:

Your answers to these questions are optional, not required.

These questions are for statistical record keeping required by most grants.

Your answers to these questions have no effect on your application whatsoever.

Are you familiar with American Disability Act? _____

Are you on public assistance? Yes _____ No _____

What form(s) of assistance do you receive? _____

Are you a client of Vocational Rehabilitation? Yes _____ No _____

How did you hear about K9 Care Montana Service Dog program? _____

Should I be accepted into the K9 Care Montana Service Dog program, we, the undersigned, will be required to demonstrate aptitude, competency, and a commitment to follow K9 Care Montana education, standards and training. The undersigned agree that if any of the standards of veterinary care, health, grooming, cleanliness, and housing are not met, or if the dog is repeatedly placed in danger or is receiving negligent care and/or treatment, K9 Care Montana has the absolute unequivocal right to permanently remove the dog from our possession with or without notice. The undersigned agree that in this case no compensation and/or refund of the sponsor's or recipient's contribution or associated placement costs will be returned.

We understand that contributions are not payment for a service dog, nor a guarantee I will receive a service dog. While contributions may be given to K9 Care Montana on behalf of a particular child, we understand those funds do not constitute a purchase. After we, the primary and secondary caregiver, have successfully completed educational training and made the required preparations to receive the service dog, K9 Care Montana service dog placement will proceed with the recipient and his or her family.

If at any time during the fundraising process, during team training, the two week transitional phase or the week of tether training, an K9 Care Montana representative determines the caregiver, caregiver's partner or family is unsuitable to continue placement of a (service) dog, K9 Care Montana may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

Date: _____

Signature: _____

I, _____ do hereby give my permission to K9 Care Montana

Inc. to use any comments I make and any pictures or video tapes of me,
both during training and after I receive my assistance dog, for publicity. This permission continues
until such time as I give them written notice rescinding said permission.

Date: _____ Signature: _____