



K9 CARE MONTANA, INC. SERVICE DOG APPLICATION FOR AUTISM

Name of Parent/Caregiver: (Mr. /Mrs. /Ms.):

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

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: _____

Childs Name _____ Childs DOB _____ Weight _____ Height _____

Is your child non-verbal or verbal? _____

Is your child a runner? _____

Will the service dog be used in school? _____ Name of School _____

Address of School _____

Name of Principal _____ Phone Number _____

Does your child have an ABA (Applied Behavioral Analyst) therapist or Occupational therapist? If yes, please list names, positions, and contact phone numbers.

Name of School Counselor _____ Phone Number _____

Will child and service dog use a school bus for transportation to and from school? _____

Is the school part of the public school district? _____ If yes, what county? _____

What are your expectations of your child's service dog? _____

Is your child's school aware of your child receiving a service dog? _____

Please answer these questions about your child:

Does your child like dogs? _____

Has your child ever exhibited negative behavior towards dogs or any animals? If yes, please explain _____

At what age was your child diagnosed with Autism? _____

Diagnosis; where on the autism spectrum is the child? Please Explain _____

What is the "primary" purpose and goal for your child having a service dog? _____

What medications your child is taking; _____

What is your child's overall physical strength? _____

Is your child with autism considered low or high functioning?

Does your child have any other challenges in addition to autism? Yes _____ No _____

If yes, explain: _____

Is your child able to perform everyday care needed for the service dog? If not, who will be responsible for caring for the service dog? _____

Is your child, 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? _____

Please list name, age, and relationship to individuals in your household:

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 your child be able to walk the service dog? Yes _____ No _____

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

Will your child be able to feed the dog? 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 your child? _____

Are you familiar with the American Disability Act? _____

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

Which breed? _____

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 _____

Do you have homeowners or renters insurance? Yes _____ No _____

If no, are you willing to purchase insurance? 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 your child and /or family? Please describe:

The average food expense for a service dog is \$250-\$300.00 or more annually. The veterinary
Expense for a dog can be \$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. _____

Is your child and or family using public assistance? Yes _____ No _____

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

Please list any and all Autism support groups you and your family are associated with.

Should our child 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 our child 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 K9 Care Montana fundraising requirements, educational training and made the required preparations to receive the service dog, K9 Care Montana service dog placement will proceed with the recipient child 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, my child, and family, 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: _____