



10175 Wheeler Road
Central Point, Oregon 97502
Phone: 541-826-9220 Voice/TDD
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www.dogsforbetterlives.org

Program Assistance Dog Application

Client Contact Information

Name: _____

Date: _____

Street Address: _____

Mailing Address: _____

Email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Profession: _____ Description of Job: _____

PLEASE LIST TWO EMERGENCY CONTACTS

Contact Name: _____ Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Contact Name: _____ Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Home Environment

I live in a (circle one):

House Duplex Apartment Mobile Home Other: _____

If you rent, is your landlord aware that you are applying for an assistance dog? Yes No

Landlord's signature _____

Describe the home environment: (size, number of rooms, upstairs, ground floor, noise levels, etc.)

Typically, we require a fenced yard attached to the home
-- A common use area will not qualify nor do dogs parks ---

Is your yard fenced? Yes No

If yes, what size is it? Length _____ Width _____ Height _____

If no, when you fence the yard, how large will your fence be?

Length _____ Width _____ Height _____

Type of Dog

Dogs for Better Lives rescues mixed breed dogs from shelters based on temperament, not appearance. Program Assistance Dogs come in a wide variety of sizes, looks, colors, and coat types.

Once a Program Assistance dog is ready for placement, we select the applicant that we believe is the best match for that dog.

Have you ever had a dog before? Yes No If yes, what kind? _____

Describe your past experience with dogs:

Do you have a dog now? Yes No

Do you have any other pets? Yes No If yes, what kind? _____

If yes, please describe current animal's experience with other dogs.

Please describe each animal, and where they are kept.

Are you willing to re-home animals you already have that do not adapt well to the Program Assistance Dog?

Yes No

I (circle answer):

Like	Do not like	to play with dogs.
Care	Do not care	if dogs lick me.
Like	Do not like	to take walks with dogs.
Mind	Do not mind	a dog following me all day.
Mind	Do not mind	having dog hair on my clothes and furniture.
Want	Do not want	my dog to have access to my entire home.
Mind	Do not mind	dogs on the furniture.

Comments/Concerns I have about getting a Program Assistance Dog:

Please check all that apply to your living situation:

Park or nearby walking trails _____ Neighbors in close proximity _____
Busy streets nearby _____ Neighborhood dogs running loose _____
Other _____

Your Personal History

Please share any pertinent personal and/or professional information you wish us to know:

****Dogs for Better Lives requires, with your application, at least one letter of personal character recommendation to be submitted by a non-family member.****

Physical Ability to Handle a Dog

To have a Program Assistance Dog, you must be able to exercise your dog daily, and you must be able to physically handle the dog.

‘Handling’ the dog includes:

- Being able to maintain control of a dog on leash
- Taking a dog for a walk on leash
- Taking a dog out to potty
- Daily exercise and playtime

I understand Program Assistance Dogs are often large. Yes No

I am able to handle a dog pulling on its leash. Yes No

Please list any physical issues that may limit or affect your ability to handle a large dog:

I am:

I am able to play interactively with a dog (throwing or kicking a ball, playing with toys) Yes No

If NO, please explain: _____

I am active and energetic. Yes No

I have low energy & do not exercise much. Yes No

I have:

I have allergies to dogs. Yes No

If someone else living with you is allergic to dogs, please explain.

I have a fear of dogs. Yes No

If someone else living with you has a fear of dogs, please explain.

Describe your lifestyle: (list activities and outings members of your household enjoy – parks, stores, traveling, etc. Use additional paper if necessary. Include activities you would like to include a Program Assistance Dog in. * **Note: Program Assistance Dogs do not have public access rights unless assisting your client who has a disability.**)

Describe the method of transportation commonly used by you with the dog:

Own vehicle Public Transportation Other – Describe: _____

Would you be comfortable with the dog traveling in the car? Yes No

Placement Week

Are you able to commit to and manage the time required to work with the trainers in your home and place of business during the week of placement? Yes No

What specific difficulties might you have with a Program Assistance Dog training program?

Comments or Questions:

Place of Employment

Name of Employer: _____ Phone: _____

Supervisor's Name: _____

Mailing Address: _____

Street Address: _____

Type of school/facility/setting in which the applicant works. Please check all that apply.

Pre-school Regular Integrated School Specialized Program in a School Home

Medical Office Private Office High-rise building

Other: _____

Please describe in detail the indoor environment of your work-place:

Will the dog have an area away from where you see clients? Yes No If so, where?

Do you plan to use the dog with your clients outside of the work environment? If so, where?

Please check which of the following describes the outside area of your work-place:

Park or nearby walking trails _____ Office buildings in close proximity _____

Busy streets nearby _____ Other _____

Age Range of Clients: _____ Primary Diagnosis of Clients: _____

Please outline what a typical work day would look like for a Program Assistance Dog working with you. Include:

- Morning routines at home
- Schedules with clients/hourly/daily/weekly
- Tasks performed for client
- Where the interaction takes place with dog and client
- Breaks and down time for the dog
- Location/s of dog during down time
- Classroom environment

Morning

Afternoon

Evening

Weekends

Additional information or comments:

Do you have clients who use adaptive equipment? Yes No If yes, what type?

Have you discussed utilizing a dog with your employer/co-workers? Yes No What was the response?

Ability to Work and Live with a Program Assistance Dog

For a Program Assistance Dog to work well for you, you must be the person to ensure that the dog is fed, exercised, and cared for. You need to set up daily obedience sessions with the dog at a time when you are able to work patiently with the dog.

Yes No I am able to work with the dog. I understand that it is important for me to be the one to practice obedience commands with the dog so he learns to listen and obey me.

Comment: _____

Yes No I am willing and able to patiently teach a trained Program Assistance Dog to respond to me. This means I will pay for and participate in obedience classes or hire a private trainer and I will set up daily practice for the dog.

Comment: _____

Yes No I am able to accept constructive criticism and correction.

Comment: _____

Yes No Generally, I am able to deal with frustration. If NO, please explain:

Anticipating Problems: People who think about how they'd deal with problems before they happen are better equipped to deal with them. Please list the types of things that could get in your way of working with and caring for your dog daily. (for example: illness, taking care of my children, my work schedule.)

Please give details.

Family Support

For a Program Assistance Dog to work well for you, everyone living in your home must like dogs and be supportive of the process.

Yes No I have talked with everyone I live with about getting a Program Assistance Dog. They support my decision to apply for a dog. If no, please explain:

Comments/Questions: I have the following comments or questions about my ability to live or work with a Program Assistance Dog.

Please list other people living in your home.

Name	Age (if a minor child)	Relationship (optional)	Any physical or emotional challenges? (optional)	Work/ School Hours
If no children are living in the home, how often do children visit your home?				

Other than the \$50 application fee, our Program Assistance Dogs are provided to you free of charge. You are solely responsible for all of the on-going costs of keeping your dog fed, healthy, and working for you.

On-going costs for a Program Assistance Dog include:

- High quality dog food
- Toys and treats for training rewards
- Regular vet check-ups
- Emergency vet treatment
- Grooming

We estimate the yearly cost of having a Program Assistance Dog to be more than \$750. Emergency vet trips can significantly increase these amounts.

We do not recommend you apply for a Program Assistance Dog if it will be a financial hardship for you.

Financial (cont.)

- Yes No I understand I am fully responsible for the care of the dog after it comes to live with me.
- Yes No I expect and am able to pay for yearly vet expenses and unexpected vet expenses.
- Yes No I understand that to keep a Program Assistance dog working I will need to buy new toys and treats on an ongoing basis.
- Yes No I understand I need to feed my Program Assistance Dog a high quality dog food and that this will cost more than “grocery store” dog food that is less nutritious.

In the event of Extreme Veterinary Emergency Expenses:

- Yes No I will be able to take care of the bill myself.
- Yes No I’ll be able to get help from friends/relatives.
- Yes No I would need special financial assistance.

Questions or comments about the costs of having a Program Assistance Dog:

Would you like to receive our quarterly newsletter and special news updates via email? Yes No

Dogs for Better Lives is a non-profit corporation organized under the laws of the State of Oregon.

Clubs

Mark any clubs that you belong to. (This will not affect the status of your application in any way.)

<input type="checkbox"/>	Good Sam	<input type="checkbox"/>	Lions/Lioness
<input type="checkbox"/>	Royal Neighbors of America	<input type="checkbox"/>	BPO/Does
<input type="checkbox"/>	Country Coach International	<input type="checkbox"/>	Grange
<input type="checkbox"/>	Veterans	<input type="checkbox"/>	Rotary
<input type="checkbox"/>	Kiwanis	<input type="checkbox"/>	Soroptomists
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

I hereby declare all information in this packet to be truthful, to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

Dogs for Better Lives controls access to applicant/client files, holds all applicant/client information strictly confidential, and agrees that such information shall be used only for the designated purposes, and shall not be used for any other purpose or disclosed to any third party.

Dogs for Better Lives considers all applicants and does not discriminate for any legally protected status.



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Program Assistance Dog Description and Requirements

What are Program Assistance Dogs?

Program Assistance Dogs go to work with and assist full-time (minimum of 20 hours per week) professionals such as physicians, teachers, counselors, and licensed therapists in the treatment of and work with their clients or students.

Program Assistance Dogs **ONLY HAVE PUBLIC ACCESS RIGHTS** when accompanying the professional with clients(s) with disabilities into public in order to provide assistance to the client(s).

These dogs can provide a calming effect to clients with cognitive and/or developmental disabilities allowing the professional to better serve or treat the client/student.

Our Dogs

- We rescue our dogs from animal shelters
- Program Assistance Dogs range in size from 10 to over 60 pounds and are between 1 and 3 years of age (Depending on the circumstances of the professional and the client's needs)
- We look for dogs that are friendly, confident and energetic, with strong work ethics and steady, unflappable personalities. Because dogs with these traits come in all shapes and sizes, Dogs for Better Lives cannot guarantee the specific breed, color, or gender of the Program Assistance Dog a client may receive.

Please Carefully Consider the Following Points:

A Program Assistance Dog requires:

- Prior approval from employer is required with documentation (school, clinic etc.)
- Willingness to practice obedience commands and house manners daily
- Willingness to take the time to play with and reward your Program Assistance Dog for a job well done
- Willingness to provide exercise for your young, active Program Assistance Dog
- Taking sole responsibility for the care of the Program Assistance Dog so that he/she will bond with you
- Other family members to refrain from giving the Program Assistance Dog attention until the dog has completely bonded with you
- You to spend time and money for obedience classes and/or a private trainer

Based on the information you provide us about your lifestyle, activity level, home and work environment, and previous experience with dogs, we will select the dog best suited to you from the dogs that are available.

Exercise

- Our dogs are young and energetic. They need physical exercise and mental stimulation on a daily basis. Walks provide both, but more exercise may be necessary. Interactive play time with you is essential.

Other Pets in the Home

- Based on the circumstances of applicant, we may place a Program Assistance Dog in a home with another dog.
- If you have a cat(s), we can place a dog with you that can work well with cats. Some cats do better with dogs than others; some adapt and adjust more easily than others. If the cat does not do well with the Program Assistance Dog, the cat will need to be placed in another home.
- Other pets are usually approved during the application process.

Below is a brief description of the application process:

Along with the completed application, all applicants for a Program Assistance Dog must pay a \$50 non-refundable application fee. Dogs for Better Lives, requires, with this application, at least one letter of personal character recommendation to be submitted by a non-family member.

Once an applicant is approved to go on to the next step, in-home and professional setting interviews of the applicant are scheduled. All family members must be present at the home interview.

After the interview is completed, it will be carefully reviewed. If accepted to receive a Program Assistance Dog, the applicant will be sent an acceptance letter. The Refundable \$500 Good Faith Deposit is required at that time. Once we have received the completed Acceptance Questionnaire and Refundable Good Faith Deposit, the applicant will be placed on the waiting list to receive a Program Assistance Dog.

Placement Process

- The placement process for a Program Assistance Dog is 4-5 days in length, dependent upon the professionals work environment and the needs of the client. Please be aware that you would need to make yourself available to work with the dog and the trainer during the entire placement.
- This would mean taking time off from work or school and arranging for child care outside of the home.
- You will be required to spend additional funds for supplies during placement.
- A veterinary trip is planned, at your expense, during placement to introduce your Program Assistance Dog to the veterinarian.
- After the placement, the client is required to attend obedience training classes and/or hire a private trainer. This helps the client learn to maintain the dog's training.
- A Program Assistance Dog is placed with one specific professional to work only with that professional and the clients with disabilities that he/she serves. If employment ceases within the organization, the Program Assistance Dog would leave with the professional.

- If employment at a different organization occurs after receiving the Program Assistance Dog, prior approval from Dogs for Better Lives and written approval from your new employer is necessary before the Program Assistance Dog would be permitted to work in the new workplace.
- Dogs for Better Lives, Inc. requires monthly progress reports and ongoing communications with all working teams. Dogs for Better Lives, Inc. provides follow up support for the life of the team.

REFUNDABLE GOOD FAITH DEPOSIT EXPLANATION

The \$500.00 Good Faith Deposit is paid by me, fully refundable without interest, one (1) year after placement, if I do everything necessary to create a successful working relationship. The purpose of this deposit is to ensure that I am serious about receiving a dog, am willing to work with and meet the needs of a specially trained dog, and am able to care for the dog once I receive it.

If during the first year after receiving my dog, I decide I don't want the dog and it is returned to Dogs for Better Lives, Inc. (DFD), my deposit will be forfeited. If DFD should need to remove the dog from my home for violation of the Program Assistance Dog Agreement or if I decide to remove myself from the waiting list, my deposit will be forfeited.

If I change my mind about receiving or keeping a Program Assistance Dog, I may still be considered to receive a Program Assistance Dog at another time. If I am approved to receive another Program Assistance Dog, I may be required to reimburse Dogs for Better Lives, Inc. for any expenses incurred with the previous Program Assistance Dog placement. This expense reimbursement must be sent to Dogs for Better Lives, Inc. within 6 months of notification of approval. I will not be placed on the waiting list for another Program Assistance Dog until the expenses have been paid in full. Such expenses can include, but are not limited to: airline cancellation fees, airfare, car rental fees, lodging, meals, and wages for the time of placement, etc.

Acknowledgement of Description and Requirements

I have read and understand the following:

(please initial)

_____ I will be required to submit a \$50 *non-refundable application fee* with my completed application.

_____ The \$50 application fee is *non-refundable*, regardless of whether I am approved for a Program Assistance Dog or not.

_____ *If I am accepted to receive a Program Assistance Dog, I will be required to pay a \$500 Good Faith Deposit at the time I am notified that I have been accepted to receive a Program Assistance Dog. The Good Faith Deposit is fully refundable one year after the placement of my Program Assistance Dog.*

_____ I understand that the first year is a training year and will be challenging, and that I am responsible for keeping up the training with the help of the Dogs for Better Lives, Inc. Training Staff.

_____ I verify that I work a minimum of 20 hours per week with the majority of my clients/students I serve having a cognitive, developmental, mental or emotional disability.

Please complete this form and mail it back to Dogs for Better Lives, Inc. along with the:

1. APPLICATION
2. \$ 50 NON-REFUNDABLE APPLICATION FEE
3. LETTER OF PERSONAL CHARACTER RECOMMENDATION FROM A NON-FAMILY MEMBER.
4. EMPLOYER'S WRITTEN APPROVAL (SCHOOL BOARD, SUPERINTENDENT, CLINIC, ETC.)

Name: _____

Mailing Address: _____

Phone Number: _____ Voice _____ TDD _____

FAX Number: _____

(Please answer the following questions by checking the boxes below)

Would you like to receive our newsletter and special updates via email? Yes No

Would you also like to receive a hardcopy of our newsletter? Yes No

E-mail address: _____

If you have questions or concerns about the application process, please feel free to contact us at (541) 826-9220 or e-mail us at info@dogsforthe deaf.org. Our office hours are 8:00 am to 4:30 pm Pacific Time, Monday through Friday, and we will be glad to assist you.



Providing Assistance Dogs Since 1977

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Employer Authorization For Program Assistance Dog

By signing below, I, _____, acknowledge that,
_____, is applying for a Program Assistance
Dog from Dogs for Better Lives.

As direct supervisor for, _____ I can verify that
he/she works a minimum of 20 hours per week with clients who have disabilities.

My signature verifies my permission for, _____, to utilize a
Program Assistance Dog while working with clients with disabilities while
employed at _____.

Supervisor Signature: _____

Printed Name: _____

Employer: _____

City: _____ State: _____

Zip: _____ Phone Number: _____