



APPLICATION FOR SERVICE DOG

Reserved for office use by CVSDU Head Office

Application date _____ Application # _____

Completed by _____ Date received _____

Certified copy of Medical recommendation included _____

Certified copy of Military Identification included _____

NAME AND IDENTIFICATION:

First name..... Last name.....

Identification: in addition to your military photo identification please provide another government issued photo identification card or passport

Address: Street

City..... Province.....

Postal Code..... Email address.....

Telephone- home (.....)

Telephone- work (.....).....

Date of birth.....

Marital status..... Gender.....

Occupation.....

Weight Height.....

HEALTH AND DISABILITY QUESTIONS:

Describe the diagnosis you have received in general and medical terms:

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When did you receive this diagnosis?

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Is your condition stable or progressive?

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Do you have any related conditions (diabetes, high blood pressure, etc.)?

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Do you have other health problems? If so, indicate the type. If you have any allergy, indicate what type.

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Do any of the persons who may also be living with the service dog have any allergy problems? If so, indicate the nature of the allergy.

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Do you use any rehabilitation services (physiotherapy, ergo therapy, neurophysiology, etc.)? Indicate the names and coordinates of the persons supplying you with these services.

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Checkmark the situations which best describe your capabilities:

I CAN:	ALWAYS	OFTEN	SOMETIMES	RARELY	NEVER
Pick up an object from the floor	()	()	()	()	()
Pick up an object from a chair	()	()	()	()	()
Pick up an object from a table	()	()	()	()	()
Press buttons on an elevator	()	()	()	()	()
Open doors	()	()	()	()	()
Get in and out of a car	()	()	()	()	()
Sit down on and get up from a chair	()	()	()	()	()
Sit, or lie down on and get up from a bed	()	()	()	()	()
Lift my arms	()	()	()	()	()
Walk	()	()	()	()	()

LIVING QUARTERS:

Urban setting Single family dwelling

Residential setting

Rural setting Apartment

Other:

Are you the proprietor of your dwelling? YES / NO

Are your living quarters equipped with adaptive devices to meet your needs?
YES / NO

If yes, what interior and exterior adaptive devices do you have?

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FAMILIAL SURROUNDINGS:

You live: Alone With a partner With one or more tenants With your family

Please identify all persons living with you in your household.

Include their names, ages and relationship to you:

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Do all the persons living with you concur with your application for a service dog?

YES / NO

If some are not in agreement with you on this, please describe their concerns:

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Do you have other companion animals in your dwelling? Indicate their ages, breed type and whether neutered or not. Include all companion animals, not only dogs:

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Have you ever had a dog? YES / NO

If yes, which breed?

YOUR LIFESTYLE:

Indicate the number of hours per week spent on these activities:

Activity	Self	Social or support worker*	Family/with friends
Computer work:			
Television viewing:			
Listening to music:			
Reading:			
Household chores:			
Other:			

Identify your interests and hobbies:

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Please enumerate the number of weekly hours that you devote to the activities below and what means of transport do you use to get there:

Abbreviation for mode of transport

PV= Personal Vehicle

PT= Public Transit

AT= Adaptive Transport

OM= Own Means(on foot, in your wheelchair, etc.)

Activity	Self	Remunerated support worker*	Family/with friends	Mode of transport
Shopping				
Movies				
Restaurant/Cafés				
Bars/Clubbing				
Visiting friends				
Park visits				
Grocery shopping				
Partying				
Sports activities				
Sporting events				
Theatre/Performances				
Medical appointments				
Activity	Self	Remunerated support worker*	Family / with friends	Mode of transport
Rehabilitation				
Other				

* Family or social support or other type of paid support worker.

YOUR EMPLOYMENT SITUATION:

Employment

Job position: Part-time Fulltime Volunteer

Employer:

Summary of job description:

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Workplace location:

Describe a typical day's work schedule:

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Have you discussed with your employer the possibility of having a service dog with you at work? YES / NO

If not at work, describe a typical day's schedule:

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MOBILITY / WALKING AIDS:

Please checkmark the mobility aids you regularly utilize and indicate in which context you use them

Manual wheelchair:	<input type="checkbox"/>	_____
Electric wheelchair:	<input type="checkbox"/>	_____
3 or 4 wheeled scooter:	<input type="checkbox"/>	_____
Walker:	<input type="checkbox"/>	_____
Rollator:	<input type="checkbox"/>	_____
Cane:	<input type="checkbox"/>	_____
Crutches:	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	_____

EXPECTATIONS:

Do you believe that a service dog can improve your autonomy in life, such as in your daily movements and in your future endeavours? If so, how:

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If you were unable to write in order to complete this application, who completed it for you?

Name:

Relationship to you:

Signature of applicant:

Date: