



Office
Lija Day, Executive Director
3034 Quarterland Street
Strasburg, Colorado 80136
C - 303-669-5916 H - 303-622-9382
info@coservicedogs.com

Training Center
Sharon Davis, Training Director
11845 West Security Ave
Lakewood, Colorado 80401
720-249-8584
sharon@coservicedogs.com

Service Dogs for Autism, Diabetes, Epilepsy, Mobility, Medical Alert and Support in Colorado!

**Submission of application,
Does not guarantee acceptance into the program**

All information filled in below,
Is for the candidate who will be enrolled in the program.

Applications can be submitted at time of interview.

Whom is this application for: ____ Adult (18+ years) ____ Child (18 and under)

Full Name: _____

Full Address: _____

Home Phone: _____

Second Phone: _____

Email: _____

Gender: ____ Year of Birth: ____ Age: ____ Height: ____ Weight: ____ Marital Status: ____

How many people live with you? _____

Please list all of them below. Adults (18 and over), excluding the applicant.

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Highest Level of Education Attained _____

Have you discussed with your employer/coworkers or teachers/fellow students
About having a dog in the workplace/school? Yes // No

Are they supportive? Yes // No

What is your current occupation?

Name of current employer or school:

Address of current employer or school:

Employers phone number:

WORK SCHEDULE

Monday from _____ to _____

Tuesday from _____ to _____

Wednesday from _____ to _____

Thursday from _____ to _____

Friday from _____ to _____

Saturday from _____ to _____

Sunday from _____ to _____

What is your current living arrangement?

_____ Live independently in a house

_____ Live independently in an apartment

_____ Live independently, other _____

_____ Live with parents in a house

_____ Live with parents in an apartment

_____ Live with parents, other _____

If you live in a house, is your yard fenced? Yes // No
(Unfenced yards do not disqualify you from candidacy for a service dog)

Are you a Veteran/Military? Yes // No
If so, is your Service connected? Yes // No

If your service is connected, please give details below:

How long have you been disabled?

What caused your disability?

What is your disability or disabilities (please be very specific)?

What are your physical limitations (balance, mobility, etc.)?

Please list any additional health problems (diabetes, allergies, etc.)
Please also list how you are treated:

Do you have an attendant? Yes // No
If yes, please give details below (name, how long known, etc.):

Do you drive? Yes // No

If not, how do you get around: _____

What adaptive equipment do you use if any: _____

Please describe your lifestyle (active, sedentary, etc.):

Please describe your leisure activities, past and present and how do you feel
A Service Dog would help you return to these activities (hobbies, interests, sports, travel, etc.):

Please describe an average weekday in your life:

How do you handle anger and frustration with other people?

Do you feel as independent as you could be, physically and emotionally? If not explain

What do you feel would give you more physical & emotional independence?

Is anyone in the household allergic to dogs? Yes // No
If yes, please give details below:

Does anyone in the household **NOT** like dogs? Yes // No
If yes, please give details below:

Is anyone in the household **AFRAID** of dogs? Yes // No
If yes, please give details below:

Does anyone in your household have concerns about having a service dog? Yes // No
If yes please give details below:

Why do you need a Service Dog and what do you expect it to do for you?

Have you ever owned a dog? Yes // No

If yes, what became of the dog?

Do you feel you have a good understand of the care that is required? Yes // No

Are you prepared for all that comes along with the dog like shedding? Yes // No

Can you afford the cost of proper food and veterinarian care?

(Approx. \$300-500 per year)? Yes // No

What will you do, financially, if your dog has an expensive medical emergency?

Do you have time to exercise and practice with your dog daily? Yes // No

Do you have a dog now? Yes // No

Any other pets? Yes // No

Please list all pets below (from ant farms to other dogs)

Type of pet _____

Age of pet _____

How long owned _____

Comments _____

Type of pet _____

Age of pet _____

How long owned _____

Comments _____

Type of pet _____

Age of pet _____

How long owned _____

Comments _____

Can you modify your life to accommodate a dog's needs (pot tying, exercising)? Yes // No

Can you accept the responsibility of caring for a dog for the next 5+ years? Yes // No

Will the other members of your household, friends, and relatives cooperate with you in allowing you full control of the dog? Yes // No

Have you applied with any other Service Dog organizations? Yes // No

If yes, please provide a list of which organizations, and the outcome of the application(s):

Do you understand that by entering the CSD program, you are agreeing to abide by the CSD conditions and guidelines, and that failure to do so will result in you being removed from the CSD program? Yes // No

Do you understand that you must sign a client acknowledgment waiver? Yes - No

Client Print Name

Client Signature

Date

Organization Print Name

Organization Signature

Date

Applications can be sent by:
Fax: 303-857-5560
Email: coservicedogs@hotmail.com
Post: 3034 Quarterland Street, Strasburg, CO 80136



Conditions of Application

Please initial after each condition,
to show you are in agreeance and acceptance.

- ◆ Live in the 7 County Metro Area of Denver:
(Adams, Arapahoe, Boulder, Broomfield Denver, Douglas, Jefferson). _____
- ◆ Do you believe our service would be a benefit to you, and you reside outside the metro area.
Ex: Larimer County (Fort Collins, Loveland, Greeley), El Paso County (Colorado Springs) _____
- ◆ Successfully complete the application process. _____
- ◆ The candidate & family must be able to meet the emotional, physical & financial needs of the
service dog, & offer a stable home environment. _____
- ◆ Preference is for a home environment in which the service dog is the only dog living in the
home. Other pets like cats, birds, reptiles, etc. are permit able. _____
- ◆ The candidate or family must be mature enough and possess sufficient cognitive functioning to
actively participate in the training and learning process required throughout the training of the
service dog. _____
- ◆ The candidate & family must be actively pursuing the goal of independent living and seek to
improve the quality of his life through the assistance of a Service Dog. _____
- ◆ The candidate or families medical situation should enable the candidate to work with the dog
for several years. _____

COLORADO SERVICE DOGS, INC. COPY

Please return release by post, email or fax:

Colorado Service Dogs, Inc.
3034 Quarterland Street
Strasburg, Colorado 80136-7422

Email: coservicedogs@hotmail.com
Fax: 303-857-5560
Phone: 303-669-5916

***** Candidate responds to these inquiries ONLY, *****

***Please complete 2 copies of this release (1 go's to physician and 1 comes back to CSD)
Please make sure you sign the release.***

Please sign the section for the release of your medical information to Colorado Service Dogs, Inc. and ask you doctor to fill in the form and return to Colorado Service Dogs, Inc.

Authorization for Release of Medical Information

I am requesting that you forward medical information regarding my disability to Colorado Service Dogs, Inc. This information is to be used in the placement of a Service Dog with me and otherwise kept confidential.

***** Candidate's Signature:***

***** Parent or Guardian's signature, if necessary:***

***** Candidates Name*** _____

***** Doctor's Name*** _____

***** Telephone*** _____

***** Address*** _____

PHYSICIANS COPY

- To be completed by your physician(s) and returned to Colorado Service Dogs, Inc. For record keeping reasons, please ensure all information provided is legible and complete.
- Please ensure you have provided the “Dog-By-Prescription” Form as well. Please have the physician who provides your treatment fill out one of these forms, total of 4 pages.

Please return paperwork by post, email or fax:

Colorado Service Dogs, Inc.
3034 Quarterland Street
Strasburg, Colorado 80136-7422

Email: coservicedogs@hotmail.com
Fax: 303-857-5560
Phone: 303-669-5916

***** Candidate responds to these inquiries ONLY, *****

***Please complete 2 copies of this release (1 go's to physician and 1 comes back to CSD)
Please make sure you sign the release.***

Please sign the section for the release of your medical information to Colorado Service Dogs, Inc. and ask you doctor to fill in the form and return to Colorado Service Dogs, Inc.

Authorization for Release of Medical Information

I am requesting that you forward medical information regarding my disability to Colorado Service Dogs, Inc. This information is to be used in the placement of a Service Dog with me and otherwise kept confidential.

***** Candidate's Signature:***

***** Parent or Guardian's signature, if necessary:***

***** Candidates Name*** _____

***** Doctor's Name*** _____

***** Telephone*** _____

***** Address*** _____

Length of Association with Candidate _____

Date of Last Examination _____

Mental & Emotional Evaluation of Client

Able to make decisions necessary for daily living?

Able to learn and maintain attention span?

Able to follow directions and remember?

Able to control inappropriate behavior?

Capable of making decisions concerning own and others needs and safety?

Under medication which impairs ability or reasoning?

Can learn to work with, care for, and control a dog?

How do you feel this person would benefit from an service dog?

Physical Evaluation

Primary disability & prognosis

Additional

Cause of disability

Is this disability due to or affected by alcoholism or drug abuse?

If so, has candidate been in treatment facility? YES or NO - If Yes, When?

Duration of disability and effect on candidates abilities for daily living (to care for self, eating, toileting, dressing, managing household, acquiring assistance, etc.)

Please give any related medical history or additional information, which will assist us in this placement (endurance, restrictions, strengths, etc.)

Does this person have any allergies? If so, how are they treated?

Do you recommend this person for a Colorado Service Dog?

DEA # _____

Doctor's Printed Name & Medical Practice Name:

Doctor's Signature _____

Phone Number _____

Date _____

DOG BY PRESCRIPTION FORM

- This prescription needs to be on the physician's letterhead.
- It must be signed and dated by your physician.
- There must be a "RE": [patients name] three spaces below the date.
- There must be a :DOB": [Date of birth] below the "RE"
- Please skip down another 4 spaces and start with "To whom it may concern"
- The prescription should read as follows:

The above named patient has been under my care for [LIST REASON FOR CARE] this patient will benefit from being involved in a service dog program and utilizing a service dog.

The dog would be a benefit to assist them with [LIST WHAT THE SERVICE DOG WILL BE USED FOR: EX: Focus, Tactical stimulation, etc. *Please be detailed in your description*].

Thank you for your cooperation in this matter.

[SIGN NAME]

[PRINT NAME]

Colorado Assistance Payment Schedule (CAPS)

Colorado Service Dog's Payment Schedule was established in 2009. It provides an affordable method for people to participate financially in the training of their own assistance dog. This is an absolutely interest free payment schedule.
Duration of this financial commitment is 8 years.

What is an assistance dog going to cost me?

At this time we ask that you would give the following questions your consideration.

1. What can I afford as a down payment?
2. Would I be interested in doing fundraising?
3. What could I afford to pay as a monthly payment?

*Following are a few examples:

Example [applicant] #1

1. What can I afford as a down payment?	\$ 400
2. Would I be interested in doing fundraising? (YES)	\$ 1,000
3. What could I afford to pay as a monthly payment? (\$100 X 96)	<u>\$ 9,600</u>
TOTAL	\$11,000

Example [applicant] #2

1. What can I afford as a down payment?	\$ 0
2. Would I be interested in doing fundraising? (YES)	\$ 10,200
3. What could I afford to pay as a monthly payment? (\$50 X 96)	<u>\$ 4,800</u>
TOTAL	\$15,000

Example [applicant] #3

1. What can I afford as a down payment?	\$ 400
2. Would I be interested in doing fundraising? (NO)	\$ 0
3. What could I afford to pay as a monthly payment? (\$145 X 96)	<u>\$ 9,600</u>
TOTAL	\$ 10,000

WORKSHEET

1. *What can I afford as a down payment?* \$ _____

Question #2: Please circle either "Yes" or "No" immediately following question #2. If you have answered "yes" please indicate on the space that follows your projected fundraising goal. A "No" response to this question will not affect the approval of your application for an assistance dog.

2. *Would I be interested in doing fundraising? (Yes / No)* \$ _____

Question #3: Please fill in the dollar amount [per month] that you can afford to pay. Do keep in mind that an assistance dog can cost you as much as \$50/month to maintain. Fill in the monthly payment amount following the question. Multiply that dollar amount by 96 to calculate the total of your payments over the working life of your dog.

3. *What could I afford to pay as a monthly payment? (\$_____ X 96) = \$_____*

Your total CAPS must equal your total contract cost of \$ _____

Signature: _____ Date: _____