

## **ADOPTING A SAINT FRANCIS SERVICE DOG**

**Saint Francis of Assisi Service Dog Foundation is a not-for-profit, community-based corporation dedicated to increasing the independence and quality of life of persons with disabilities through the use of service dogs, hearing dogs or social dogs. After the dog and handler are matched and compatibility is assured, the new owner will be given an extensive training period to learn how to get the most out of his/her dog.**

**Saint Francis dogs are trained in all of the essential house manners as well as to sit, stand, down, heel quietly, on and off lead. They come when they are called and play ball for exercise and fun. Service dogs pick up dropped items, carry packages, and steady their owners if balance is a problem. Hearing dogs alert to sounds such as an alarm clock, doorbell, smoke alarm, or oven timer. Social dogs are well-mannered companions and may be trained to do particular tasks. Saint Francis dogs are trained to ignore other dogs and friendly, or not so friendly, bystanders. The dogs will NOT be trained in any areas resembling protection and will be eliminated from the program if any aggression is noted during the training program.**

**All dogs are neutered, have had all of their inoculations and are free of heartworm or any other physical problems that would make their love a liability. Each dog is presented to his new home with all of the necessary grooming equipment and with a crate of his own.**

**The prospective owner pays a \$25 non-refundable application fee, plus \$200 upon signing ownership papers, to help offset the cost of veterinary care, a backpack and other equipment.**

**Following the training of the team, the dog will go home with the new owner and begin a trial bonding period. At the end of six months, if all is satisfactory and the dog and handler are working together, total and final ownership will be given to the new owner.**

**Those interested may apply, using the attached application. Mail the completed application with a \$25 check for the application fee to: SAINT FRANCIS OF ASSISI, P.O. BOX 8060, ROANOKE VA 24014 (please do not send cash).**

## **Service After Adoption**

**To insure that the dog/handler team is working at maximum efficiency, a committee from Saint Francis of Assisi Service Dog Foundation (by appointment) will visit the home of the new team sometime within the first 6 months after adoption. If there are no problems, the Foundation will remain “on call” as needed.**

**The dog and/or handler may return to the Foundation at any time the handler feels the need for a refresher course, or would like additional training.**

**If, for any reason, the handler is unable to care for the dog, due to illness, loss of desire or death, the dog must be returned to the Foundation to be placed with another applicant or to be placed in a proper pet home for permanent retirement. If the family of the handler loves the dog and wants to be the retirement family, this will be acceptable, providing the terms of the foundation are met. Under no circumstances may the dog be given away to an unapproved home. The best interest of the dog must be served.**

**The dog’s primary trainer and all members of Saint Francis of Assisi Service Dog Foundation will be available to answer any questions and assist in any way that is needed by the new dog/handler team.**

## **QUALIFICATIONS FOR ADOPTION**

**Any individual may apply who has a disability that limits one or more major life activities and believes he/she would benefit physically, emotionally or socially from a professionally trained Saint Francis of Assisi Service Dog, Hearing Dog or Social Dog.**

**The applicant must promise to:**

- 1. care for the dog, exercise, groom and love him.**
- 2. train with the dog until able to pass the certification required for adoption.**
- 3. use the dog as intended. The dog will live in the house and sleep in the bedroom with the handler and accompany him whenever possible. They will be constant companions.**
- 4. return the dog to Saint Francis of Assisi Service Dog Foundation if the handler decides not to keep him. In the event of serious illness or death of the handler, the family will have the first right to keep the dog upon approval of the Foundation.**
- 5. provide for the dog's medical needs as necessary and send yearly veterinary check-up forms to the Foundation.**
- 6. provide a safe, fenced enclosure adjacent to the home to exercise the dog off lead.**
- 7. provide a home environment with the Saint Francis dog being the only dog living in the home. (Exceptions will be considered when a replacement service dog is needed.)**
- 8. reside in the Commonwealth of Virginia at the time of application and final adoption. The immediate family of the applicant must agree to this adoption and to the conditions surrounding the request.**

# APPLICATION FOR ADOPTION

## PART I

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student: Yes No School: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Years at this job: \_\_\_\_\_ Hours that you work: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Do you drive? Yes No If not, method of transportation: \_\_\_\_\_

Do you require daily help or supervision? Yes No

Describe the level of assistance needed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People that live with you:

Name of spouse: \_\_\_\_\_ Parent: \_\_\_\_\_

Guardian: \_\_\_\_\_ Housemate: \_\_\_\_\_

Children: \_\_\_\_\_

Animals (type and age): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and phone number of nearest relative: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and phone number of nearest neighbor: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of disability onset: \_\_\_\_\_

What is the nature of your disability? \_\_\_\_\_

Check the medical problems that apply to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Heart Disease               |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Seizures or Fainting Spells |
| <input type="checkbox"/> Alcohol or Drug Dependency | <input type="checkbox"/> Psychiatric Problems        |
| <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Hearing Impairment          |
| <input type="checkbox"/> Visual Impairment          | <input type="checkbox"/> Allergies (please list):    |
| <input type="checkbox"/> Diabetes                   | _____  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you use a wheelchair? Yes No Manual Electric

Do you use a walker, cane, crutches or other mobility assistance? Yes No Please specify: \_\_\_\_\_

Are you restricted in the use of your hands or arms? Yes No

Are you able to issue voice commands? Yes No

Do you anticipate future surgery or hospitalization for any reason? Yes No

Explain: \_\_\_\_\_

Medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Have you been under the care of a psychiatrist, psychologist or counselor within the last 10 years?

Yes No

Have you ever owned a dog? Yes No

Were you ever involved in structured obedience training? Yes No

Will your family accept a fully trained dog as an equal partner in your home?

Yes No



4) *Describe your daily schedule (as completely as possible).*

5) *Please list your immediate family members and provide a brief description of each individual.*

6) *Please describe your history of pet ownership.*

7) *Briefly describe and/or answer the following questions:*

*Current residence and community:*

*Educational level:*

*Your occupation:*

*Occupations of immediate family members:*

*Employment history:*

*Community activities:*

*Support systems (i.e. family, friends, and groups):*

*Hobbies/interests:*

8) *Has there been any history of drug and/or alcohol abuse?*

9) *Has there been any history of legal involvement?*

*10) Briefly describe your strengths and weaknesses.*

*11) How do you believe a service dog could be helpful to you?*

*12) What are your concerns about a service dog?*

*13) Please list 3 personal and/or professional references (not family-related). Please provide addresses and phone numbers. May we contact these references?*

*14) We would like to contact your primary physician, as well as other health care providers who are currently treating you (physicians, counselors, physical therapists, etc.) for information on your medical condition and for guidance in placing a dog in your home.      Yes    No*

**Please complete and sign a medical release form for each physician/health care provider who we may contact and return to: SAINT FRANCIS OF ASSISI, P.O. BOX 8060, ROANOKE, VIRGINIA 24014.**

## MEDICAL RELEASE FORM

I, \_\_\_\_\_ (please print) have applied to Saint Francis of Assisi Service Dog Foundation for a trained Saint Francis Service Dog. I hereby authorize:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Telephone)

To release all pertinent medical and psychological information requested to Saint Francis of Assisi Service Dog Foundation, PO Box 8060, Roanoke, Virginia 24014. I also authorize Saint Francis of Assisi Service Dog Foundation, or any physician appointed by them, to examine the records regarding my physical and mental condition and treatment.

(Please make copies as needed for each health care provider.)

\_\_\_\_\_  
Signature (parent/ guardian if under 18 years of age)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date