



SAINT FRANCIS
SERVICE DOGS

Saint Francis Service Dogs

Application for Service Dog



ADOPTING A SAINT FRANCIS SERVICE DOG

Saint Francis Service Dogs 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 and hearing 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, and 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. 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 known physical problems. Each dog is presented to his new home with collar, leash, vest, and gentle leader, and with a crate of his own.

The prospective owner pays a non-refundable application fee of \$25 for local Roanoke residents and \$75 for out-of-town residents, plus \$200 upon signing ownership papers, to help offset the cost of veterinary care, and other equipment. Saint Francis retains ownership of the dog's vest.

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 check made out for the appropriate amount for the application fee to: **SAINT FRANCIS SERVICE DOGS, PO BOX 19538, ROANOKE, VA 24019.** (Please do not send cash.) Those applicants living more that 50 miles from downtown Roanoke are considered out of town.



SERVICE AFTER ADOPTION

To insure that the dog/handler team is working at maximum efficiency, a committee from Saint Francis Service Dogs (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, for any reason, which may include 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 interests of the dog must be served.

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



SAINT FRANCIS
SERVICE DOGS

APPLICATION REVIEW POLICY

In reviewing applications for a Saint Francis Service Dog, the Screening Committee will adhere to the following guidelines:

1. All applicants are considered regardless of race, color, religion, marital status, sex, national origin, age, sexual orientation, disability or veteran's status.
2. Applicant must reside in the Commonwealth of Virginia and/or in the area within a 3 hour drive of our facility at the time of application and final adoption. The immediate family of the applicant must agree to this adoption and to the conditions surrounding this request.
3. Applicant must have a fenced in yard with minimum dimensions of 36' x 12' x 4'.
4. Applicant's home must be a safe, healthy and loving environment for a dog to live in.
5. Applicant must demonstrate ability to provide for dog's care monetarily, including feeding high quality dog food, providing for regular check-ups, purchase of flea and tick control, heartworm preventative and any other medications, treatments or surgeries that may be needed.
6. Applicant must demonstrate ability to provide for dog's health needs, including regular exercise, feeding, check-ups, immunizations, flea and tick control and heartworm preventative.
7. Applicant may not have a pet dog in the home, unless an exception is made due to age or sickness of the pet dog. This guideline does not apply to service dogs.
8. Applicants seeking a successor dog for a Saint Francis Service Dog are given priority in screening and placement.
9. Applicant must show ability and willingness to keep Saint Francis Service Dog under control at all times.
10. Applicant (if out of town) must show ability and willingness to travel to Roanoke for training and regularly scheduled certification and re-certification tests.
11. Applicant must show ability and willingness to carry a copy of the dog's rabies certificate, an official Saint Francis Service Dog Identification, current certification card, and to have the dog wear a Saint Francis collar and vest in public.
12. Applicant can interact with the dog, provide for the dog's emotional, physical and financial needs.
13. Applicant desires independent living and/or an improvement in the quality of his/her life through the use of a Saint Francis Service Dog.



SAINT FRANCIS
SERVICE DOGS

APPLICATION FOR ADOPTION

PART I

Date: _____

Name: _____

Address: _____

Phone: (home) _____ (work) _____

(cell) _____ E-Mail: _____

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:

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: _____

What is the nature of your disability? _____

Date of disability onset: _____

Check the medical conditions that apply to you:

Arthritis

Heart Disease

Asthma

Seizures or Fainting Spells

Alcohol or Drug Dependency

Psychiatric Problems

High Blood Pressure

Hearing Impairment

Visual Impairment

Allergies (please list):

Diabetes

Other (please specify) _____

Do you use a wheelchair? yes no manual power

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

Will your family accept a full trained dog as an equal partner in your home? ___yes ___no

Do you have a fenced yard or kennel area? ___yes ___no

Your veterinarian's name: _____

Address: _____

Phone number including area code: _____

PART II

Please answer the following questions as completely as possible attaching extra paper if necessary.

1) How did you hear of Saint Francis Service Dogs, and what made you decide to apply for a service dog?

2) Give a brief history of your disability including date of onset, medical and psychological treatment.

3) What is the current status of your physical health?

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:

- Current residence (type of housing) and community
- Educational level

- Your occupation
- Occupations of immediate family members
- Employment history
- Community activities
- Support systems (family, friends, 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 provide one letter of recommendation from a non-family member. The letter should be sent to Ms. Cabell Youell, Executive Director at **SAINT FRANCIS SERVICE DOGS, PO BOX 19538, ROANOKE, VA 24019.**

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

The following section must be signed in ink by the adult applicant or legal guardian of the juvenile applicant before the application can be processed:

I attest that all information provided in these application materials including the application, medical emergency consent form, and any supplemental items attached are true and correct to the best of my knowledge.

Legal Guardian/Adult Applicant: _____

Date: _____



SAINT FRANCIS
SERVICE DOGS

MEDICAL RELEASE FORM

Please complete and sign a medical release form for each physician/health care provider who we may contact and return to:

SAINT FRANCIS SERVICE DOGS, PO BOX 19538, ROANOKE, VA 24019

I, _____ (please print) have applied to Saint Francis Service Dogs for a trained Saint Francis Service Dog. I hereby authorize:

_____ (Name)

_____ (Address)

_____ (Telephone)

To release all pertinent medical and psychological information requested to Saint Francis Service Dogs, PO Box 19538, Roanoke, VA 24019. I also authorize Saint Francis Service Dogs, 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



SAINT FRANCIS
SERVICE DOGS

CONFIDENTIALITY AND NON-DISCLOSURE OF CANDIDATE INFORMATION

POLICY: Saint Francis Service Dogs (“Saint Francis”) recognizes that a candidate has a fundamental right to privacy and should be assured adequate protection from the unauthorized dissemination of sensitive and personal information. Saint Francis has adopted the following policy in an effort to provide this protection.

PROCEDURE:

1. Saint Francis Screening Committee members and staff will neither acquire nor distribute confidential candidate information without the express consent of the candidate unless state or Federal Law will allow such acquisition and disclosure of information without consent.
2. Saint Francis Screening Committee members and staff will acquire and use candidate information solely for the purposes of making a determination as to the candidate’s eligibility and suitability for a Saint Francis Service Dog, matching the appropriate Saint Francis Service Dog, and in training the Saint Francis Service Dog and candidate.
3. Access to candidate information is limited to specific Saint Francis staff, field trainers and volunteers. Security measures should be taken to ensure that unauthorized personnel are not afforded access to candidate information.



SAINT FRANCIS
SERVICE DOGS

MEDICAL EMERGENCY CONSENT FORM

In the event I (print name), _____, have a medical emergency, I authorize adult workers at Saint Francis Service Dogs to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment, and hospital care I may require, as long as it is rendered under supervision of a physician or surgeon. In addition:

- I consent to transportation to a medical facility via ambulance or private vehicle, whichever is necessary in an emergency.
- I grant permission to receive emergency medical treatment from any physician, hospital or other medical center.

I release and hold harmless Saint Francis Service Dogs from liability for injury or accident, and grant permission for Saint Francis Service Dogs workers to secure proper medical attention for me should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, travel and other expenses related to my injury, accident or illness. I release Saint Francis Service Dogs from any financial responsibility for expenses incurred from injury, accident or illness.

Name: _____

Signature: _____

Date: _____

If person is under 18, signature of parent/guardian is required below:

Signature of parent/guardian _____

Please **print** name of parent/guardian _____

Date _____

Relationship to minor _____

What is your (applicant's) date of birth? _____

Do you have any allergies to food, medicines or other things? If so, please list: _____

Emergency Contact #1:

Name: _____

Phone Number(s): _____

Relationship: _____

Emergency Contact #2:

Name: _____

Phone Number(s): _____

Relationship: _____

-OR-

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit me/my child from receiving any non-life threatening medical attention in the event of an accident or illness.

Name: _____

Signature: _____

Date: _____

If person is under 18, signature of parent/guardian is required below:

Signature of parent/guardian _____

Date _____

Please **Print** Name _____

Relationship to minor _____



SAINT FRANCIS
SERVICE DOGS

IMAGE USE CONSENT

I hereby give permission to Saint Francis Service Dogs and their respective designees, licensees, successors, and agents (collectively, “Saint Francis”) to use photographs, movies or videotapes that include my likeness or image of my writing in print, online or electronic materials (collectively, “works”).

I further agree that Saint Francis may reproduce, publish and use my likeness or images of my writing in any format (including without limitation online, electronic, multimedia, and printed formats) for promotional purposes or for any other purpose consistent with its charitable purposes.

I transfer and assign to Saint Francis my right to, title in and interest in any such works and the copyright of these works, including all rights of registration, publication, and the right to create derivative works.

In accordance with this consent, I release Saint Francis from any and all claims, demands and liabilities related to the use of any such likeness, image or work, as described above, now or in the future.

Name: _____

Signature: _____

Date: _____

If person is under 18, signature of parent/guardian is required below:

Signature of parent/guardian _____

Date _____

Please **print** name of parent/ guardian _____

Relationship to minor _____

When using the minor’s work, I ask that Saint Francis please use: ___ No name ___ First name only



SAINT FRANCIS
SERVICE DOGS

RELEASE ACKNOWLEDGEMENT

This RELEASE ACKNOWLEDGEMENT (this “Acknowledgement”), is dated as of _____, 200_ by _____ (“Releasor”) and Saint Francis Service Dogs, a Virginia non-profit corporation, (“Saint Francis”) provides as follows:

WITNESSETH:

1. The Releasor hereby waives for the Releasor, his or her heirs, executors, assigns, parents, guardians and representatives any and all claims, causes of action, law suits or demands of any nature whatsoever, known or unknown, including without limitation personal injury, property damages, or other claims, loss, or damages, that could possibly be asserted against Saint Francis, or their employees, trainers, agents, officers, directors, shareholders, parent companies, affiliates, subsidiaries, advertising or promotional agencies, and their successors and assigns.
2. The Releasor hereby indemnifies and holds harmless Saint Francis from and against all claims, damages, losses and expenses, including but not limited to reasonable attorney’s fees arising out of or resulting from any action or inaction taken by Saint Francis.
3. The Releasor agrees that this Acknowledgement will be governed by the laws of the Commonwealth of Virginia.

IN WITNESS WHEREOF, the party hereto has hereunto set their hand and seal as of the day and year first above written.

RELEASOR:

Signature

Print Name

If Releasor is under 18, signature of parent/guardian is required below:

Signature of parent/guardian _____

Date _____

Please **Print** Name _____

Relationship to minor _____