



SAINT FRANCIS  
SERVICE DOGS

# *Application for Facility Dog*



## **ADOPTING A SAINT FRANCIS FACILITY DOG**

Saint Francis Service Dogs is a not for profit, secular, community-based organization dedicated to increasing the independence and quality of life of persons with disabilities through the use of service dogs. Saint Francis Service Dogs also places facility dogs that work with professional care givers, healthcare providers or educators in such fields as physical and occupational therapy, special education, hospice care and hospital visitation. Facility dogs engage patients in activities to stimulate healing and recovery, provide comfort and unconditional love to the seriously ill or confined, and serve in teaching programs for students with special needs.

After the dog and handler are matched and compatibility is assured, the handler will be given an extensive training period to learn how to get the most out of his/her dog. In addition, the handler's employer will be given guidelines and practices to ensure that the dog's working environment is safe and productive.

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.

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 handler 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, the team will be certified and re-certified at regular intervals. If there are no problems, Saint Francis will remain “on call” as needed.

Saint Francis offers bi-monthly classes for teams in Roanoke, led by Saint Francis trainers. These classes are an opportunity for a refresher course or additional training. Saint Francis may also offer individual follow-up training if needed.

If, for any reason, the handler is unable to care for the dog, for any reason, which may include change of job status, illness, loss of desire, or death, then Saint Francis must be notified and another suitable handler identified for the dog or the dog must be returned to Saint Francis 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, and this is acceptable to the employer, this will be acceptable, providing the terms of Saint Francis are met. Under no circumstances may the dog be given away to an unapproved home.

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.



## **APPLICATION REVIEW POLICY**

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

1. All handlers are considered regardless of race, color, religion, marital status, sex, national origin, sexual orientation, disability or veteran's status.
2. Employer and handler must reside in the Commonwealth of Virginia or within a 200 mile radius of the Saint Francis facility at the time of application and final adoption. Handler must be a legal adult. The immediate family of the handler must agree to this adoption and to the conditions surrounding this request.
3. Employer must agree to the terms of the adoption, including identifying a suitable handler and potentially a successor handler. A letter from handler's employer will be required.
4. Handler must have a fenced in yard with minimum dimensions of 36' x 12' x 4', unless exception is made due to special circumstances and approved by the Saint Francis Screening Committee.
5. Handler's home must be a safe, healthy and loving environment for a dog to live in.
6. Employer and/or handler 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.
7. Employer and/or handler must demonstrate ability to provide for dog's health needs, including regular exercise, feeding, check-ups, immunizations, flea and tick control and heartworm preventative.
8. Handler may have other pets in the home, however other animals will be evaluated to insure they do not interfere in any way with the Facility Dog's ability to work.
9. Handler must show ability and willingness to keep Saint Francis Facility Dog under control at all times.
10. Handler (if out of town) must show ability and willingness to travel to Roanoke for training and regularly scheduled certification and re-certification tests. Employer must show willingness to permit and support training and regular certification and re-certification tests.
11. Handler must show ability and willingness to interact with the dog, provide for the dog's emotional, physical and financial needs. Employer and handler must show ability and willingness to partner with a Saint Francis Facility Dog to stimulate healing and recovery in Employer's patients.



SAINT FRANCIS  
SERVICE DOGS

## APPLICATION FOR ADOPTION

### PART I

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

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

\_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

Employment address: \_\_\_\_\_

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

Name of immediate supervisor: \_\_\_\_\_

Do you drive? \_\_\_yes \_\_\_no If not, method of transportation: \_\_\_\_\_

Job title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

People that live with you:

Spouse: \_\_\_\_\_ Parent: \_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Check the medical conditions that apply to your patients:

Joints

Respiratory

Neurological

Cardiac

Psychiatric

Muscular/Skeletal

Other (please specify) \_\_\_\_\_

\_\_\_\_\_

Check the equipment your patients use:

Wheelchair

Manual

Power

Walker

\_\_\_\_\_ Braces

\_\_\_\_\_ Cane

\_\_\_\_\_ Crutches

\_\_\_\_\_ Other (please specify):

\_\_\_\_\_

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 facility dog?

2) Give a brief history of your professional career including education, job history, areas of expertise.

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
- Physical Work Environment – inside and outside
- 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 facility dog could be helpful to you in your work?

12) What are your concerns about a facility dog?

13) Please provide one letter of recommendation from your supervisor at your place of employment confirming that the employer will accept a facility dog as a your partner in the work environment and is prepared to offer a working environment and employee training sufficient to lead to a productive work environment for the dog/handler team. The letter should be sent to Ms. Cabell Youell, Executive Director at **SAINT FRANCIS SERVICE DOGS, PO BOX 19538, ROANOKE, VA 24019.**

14) May we contact your supervisor, as well as others at your place of employment for information on your position and for guidance on placing a dog in your work environment? \_\_\_Yes \_\_\_No

**The following section must be signed in ink by the 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.

Applicant: \_\_\_\_\_

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.



## 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: \_\_\_\_\_

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: \_\_\_\_\_



## **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: \_\_\_\_\_



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