



## Applying For a Canine Assistance Partner or Owner-As-Trainer Program

The CAP application process consists of the following steps.

1. The prospective Applicant procures an application package from CAP by telephone, email, or mail.
2. The Applicant completes the attached questionnaire, which has been formulated to define his/ her physical requirements, temperament, and lifestyle to aid in the matching and training of an Assistance Dog to the applicant. There is a \$1,000.00 non-refundable application fee upon acceptance into the program. Application for a Service Dog does not guarantee placement.
3. The Applicant's primary physician completes a letter or prescription describing the person's medical condition and confirming that an Assistance Dog will be a benefit to the Applicant.
4. A veterinarian of the applicant's choice completes a letter stating that he will be caring for the dog's health and will cooperate with CAP's follow-up procedures and will provide documentation when the program requests to review the dog's records. CAP will make arrangements to have the dog's health history sent to the vet.
5. Three of the Applicant's friends or family members submit personal letters of recommendation.
6. The Applicant submits a videotape that chronicles a "day in the life of" the Applicant to further illustrate the daily environments and challenges faced by the applicant -- to help CAP prematch the applicant with a dog and the needs of the applicant in a typical day.
7. The CAP Review Committee will review the application materials to make a decision on all the elements of the completed application package.
8. If the Applicant is accepted into the CAP program, he/she will be expected to complete a plan with CAP's Training Director outlining goals for the Partnership and a schedule for the Partnership training program. The partnered team will also satisfactorily pass a public access test upon completion of the training program, prior to graduation. The entire program must be completed satisfactorily prior to graduation.



## Application for Owner-As-Trainer For A Service Dog

Date \_\_\_\_\_

Title: (Mr, Ms, etc) \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Street or PO Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_

Is this a  house  apartment other (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you  rent  own  live with family (please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Evening Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you employed outside the home  or a student ? If yes to either, please complete the following:

Company or School Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Your Job Title/Student Level \_\_\_\_\_

Please describe your job duties or student circumstances. What do you do in a typical day?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beside yourself, how many people live in your home? \_\_\_\_\_ Please list their ages and relationship to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your disability, including information about its onset and prognosis.  
(Specifically, what are your limitations, do you have an electric or manual wheelchair, do you use a communication board, etc?) Use an extra sheet if desired. \_\_\_\_\_

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What type of Dog do you feel would meet your needs?

Service Dog    Balance Dog    Hearing Dog    Other (explain) \_\_\_\_\_

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If you are to be training your own dog, please describe its present level of training and what goal you wish to attain with this dog. \_\_\_\_\_

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Dog's Breed \_\_\_\_\_ Age \_\_\_\_\_ Gender    Male    Female

Neutered    Yes    No   Name \_\_\_\_\_

What needs or services do you feel a Service Dog can provide for you? \_\_\_\_\_

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Please describe how you feel a service dog would enhance your independence and quality of life. \_\_\_\_\_

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Please describe how you will ensure proper daily and veterinary care and give back a quality and loving life to the dog \_\_\_\_\_

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Name the person who would be responsible for the daily care of a Service Dog

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Please list your sources of income and monthly amount \_\_\_\_\_

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Do you have a fenced yard or are you willing to always walk the dog on a leash \_\_\_\_\_

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Are there any other pets in the house (please describe) \_\_\_\_\_

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Do you have any experience working with dogs? If yes, please explain \_\_\_\_\_

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Do you travel? If so, where and how often? \_\_\_\_\_

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In order to select an appropriate Assistance Dog for you we ask that you complete the following questions with as much information as you feel is necessary for us to get to know you. Use an extra sheet if desired.

Please describe your personality, activities and hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your home/family and general schedule \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you could change one thing about your life, what would it be? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Canine Assistance Partners (CAP)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this completed questionnaire, I am applying for an Assistance Dog and/or other services through Canine Assistance Partners, Inc. and I understand that further forms, documents and questionnaires will be required before acceptance into the program. I further understand that my application does not guarantee that Canine Assistance Partners will supply me with an Assistance Dog, or train my personal dog as an Assistance Dog.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature (if under 18 years of age) \_\_\_\_\_