



Dear Prospective Client,

Thank you for your interest in being matched with one of our wonderful facility dogs! Please read the instructions carefully, we cannot process applications until we have received all of the required information. If you have any questions about the application process please email us at ServiceDogRequest@BerginU.edu

Step 1: Complete the application

A completed application includes the following:

1. A \$50 non-refundable application fee.
2. Your resume.
3. Your photo (within the last year).
4. The completed *Facility Dog Application*.
5. The *Facility Handler Information Form*, if anyone other than the Caregiver will handle the dog in the facility. All Facility Dog Handlers must attend formal training with Bergin University in order to qualify as an alternate handler.
6. A personal letter of reference from a friend, teacher, or someone other than family.
7. A professional letter of reference from a colleague, professor, supervisor, or any other professional with whom you have contact.
8. A one-page letter stating your reasons for wanting a facility dog and how you feel the dog would benefit your facility/clients.
9. Contact information for all persons providing supporting documentation (individuals writing reference letters and any other persons sending in documentation).

Mail a hard copy to:

Bergin University of Canine Studies
Attn: Client Services
10201 Old Redwood Highway
Penngrove, CA 94951

OR email a scanned copy to: ServiceDogRequest@BerginU.edu



Step Two: Preliminary Acceptance and Additional Paperwork

After a successful application review by our staff, the next steps in the process begin as we send you six social style forms (to be completed by people you select), request photos & videos of your home and work, more information on any household pets (if applicable), as well as any additional documentation needed from you or your facility. Once we receive these items, we will schedule an interview.

Step Three: Interview and Follow-Up

We will contact you to schedule an interview. If you are unable to travel to our campus, we will arrange to conduct the interview via video conference or at your facility. The interview is the final step in the process that enables us to determine if our facility dogs meet your needs. After the interview, we conduct further follow-up with facility staff and family members.

Step Four: Final Acceptance

Approximately two to four weeks after the interview we will notify you if you are selected for a facility dog placement. If you are selected for placement, please understand that it may take more than two years to match a client with a dog due to the high demand for assistance dogs and the necessity of matching each dog carefully to the personality and needs of each facility/client. In addition, our focus involves the education of the human students enrolled in our degree programs, so we do not graduate as many dogs as a traditional assistance dog program that employs professional trainers.

**Note: there will be routine follow-up with staff to update the application after acceptance to the waitlist in order to keep all information up to date.*

Step Five: Match

Once a potential match has been determined you will be invited to attend the two-week Assistance Dog Client Training certificate course held at our Penngrove, California campus. This class is taught by our Associates students who are earning their degree in Assistance Dog Education. The class will culminate in a graduation ceremony where your dog will be formally transferred from the student trainers to you. While attending this training our university policies will apply to you. Please review the sections in our university catalog beginning with the admissions section through the end of the catalog. The catalog is available online: <https://www.berginu.edu/university-catalog.html>.

The fees associated with receiving a facility dog are: *a \$1100 fee for a facility dog, as well as a \$405 fee for the two-week training course (the dog and training course fees are waived for handlers who serve a population of 51%+ Veterans with service-related disabilities; documentation required).*



Other expenses you may need to plan for include: transportation, housing, food, and entertainment expenses while attending the training course.

Ongoing Support

After successful completion of the Team Training course, you will graduate with your dog and will be responsible for the ongoing costs of caring for your new partner, which may include, but are not limited to: food, grooming, toys, other supplies, annual veterinary exam, vaccinations, and other incidental expenses.

Once a dog is placed with you, we provide ongoing support for the remainder of the working partnership. We work in partnership with you to support the dog's health, behavior, temperament, and training through written, phone, video, and in-person follow-up. We have a staff member dedicated to client services available to communicate with you whenever you need advice, and we have training staff who are ready to consult with you and support your needs on an ongoing basis.

At a minimum, we proactively reach out for regular follow-up each month for the first nine months of placement, and then annually thereafter. We do require in-person visits post-graduation, which is the financial responsibility of the client.

In addition, we are proud to offer our clients the opportunity to become full owners of their dog, depending on the specifics of each case. We also know that when a dog approaches retirement, it can be an uncertain and stressful time for our clients, so we give priority to our existing clients who seek a successor dog when their dog approaches retirement.



Client Placement Overview and Acceptance Policy

Students at Bergin University train and place service dogs as a part of the Assistance Dog Education degree program. Our main focus is providing these students with a thorough, in-depth and experiential education in the training and placement of service dogs. We appreciate your understanding and willingness to help our students learn, and we hope that our students will, in turn, be able to help you by training and placing one of our wonderful dogs with you.

Bergin University of Canine Studies is committed to providing equal opportunities for all applicants regardless of ethnicity/race, color, sex, age, religion, marital status, sexual orientation, disability, gender, national origin, medical conditions, status as a veteran, or political or organizational affiliation.

Please read more about the dogs we place and our policies below:

- **Service dogs** are placed with adults, children, and veterans with mobility limitations who can competently handle the dog and maintain its well-being (with limited attendant or familial support). In addition, they would benefit from help with tasks such as: retrieving items, pushing buttons for elevators and doors, turning lights on/off, and pulling a manual wheelchair. We will only place dogs with children who have the maturity, physical ability, and desire to command and care for the dog. *To apply for a service dog, please fill out the Service Dog application.
- **Service dogs** for military service members and veterans who have been diagnosed with trauma related conditions such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) who can competently handle the dog and maintain its well-being. In addition, they would benefit from tasks for panic prevention and behavior interruption, as well as tasks that encourage social interaction. *To apply for a service dog, please fill out the Service Dog application.
- **Applicants who reside in residential facilities** that provide care such as nursing homes, Community Living Centers, or rehabilitation centers, must be able to provide basic care for the dog or have a designated attendant who can provide care throughout the day on a daily basis. These applicants must also have a plan to transport the dog to a veterinarian in case of an emergency. *Accepted on case-by-case basis.*
- **Applicants who are hospitalized frequently** must identify a designated caregiver for the dog who can house and provide care for the dog on an emergent basis, in the event the applicant is hospitalized and unable to care for the dog for a period of time. *Accepted on case-by-case basis.*
- **Applicants who are currently in treatment programs** (substance abuse, physical rehabilitation, etc.) must wait *at least 1 year* before applying in order to establish a baseline (i.e. regular provider, daily routine/activities, social support, living situation, etc.).
- **Applicants who have been psychiatrically hospitalized** must wait *at least 1 year* before applying for a service dog. This allows for the applicant to increase psychiatric stability prior to applying, which is important because the service dog application process and team training process, if approved for a service dog, are quite intensive and will require significant insight and coping skills.
- **Facility dogs** are placed with teachers, nurses, facility managers or others who work in care facilities. Facility dogs provide invaluable benefits to the populations they serve, but they do not meet the legal definition of a service dog and do not have public access rights outside of their assigned facility. *To apply for a facility dog, please fill out the Facility Dog application.



- **Animal Assisted Therapy dogs** are placed with counselors, psychologists, psychiatrists, and teaching specialists who wish to integrate a dog into their clients' treatment plans. *To apply for an animal assisted therapy dog, please fill out the Facility Dog application.
- **Social Therapy dogs** to be placed with individuals who will visit nursing homes, hospitals, participate in children's reading programs, etc. We place social therapy dogs when we have a dog being released from our assistance dog program that has the right temperament for social therapy work. *To apply for a social therapy dog, please fill out our release dog application on our website.
- **Students currently enrolled at the University** may not apply (or begin the application process) for a service, facility, or career change dog/release dog until after they graduate. Any application materials submitted to the Career Change/ Release Dog Department or Client Services Department will be immediately discarded.
- **Successor Clients:** Clients who previously had a BUCS dog and are requesting a successor service dog receive priority over new clients. Successor clients must have been compliant with all follow-up reporting and maintained their dog at a healthy weight. We reserve the right to decline successor clients who were noncompliant with follow-up requirements or let their dog become overweight.
- **Waitlist Policy:** At BUCS, we strive to ensure we can place dogs with all the qualified people we can help. To do that, we need the cooperation of our clients in the queue to do their part by working with us and their providers to move the process along. Bergin University of Canine Studies reserves the right, at its sole discretion, to remove a client from the waiting list. Examples include, but are not limited to: the client is not compliant with quarterly follow-up with BUCS staff and/or refuses to participate in occasional video check-ins, his/her needs for a dog have changed, or the client does not have an active mental health treatment plan with a provider (PTSD waitlisted clients). While on the Waitlist, it is the responsibility of the applicant to update BUCS on a change of contact information, provider information, and changes in medical and mental health status.

**All clients and applicants are not required to participate in fundraising or public relations activities without expressed and voluntary consent.

We do NOT train or place the types of assistance dogs included in the following list. Please visit Assistance Dogs International's website (www.assistedogsinternational.org) for a list of accredited organizations that offer these valuable services:

- Balance dogs for people who need ongoing support while walking.
- Guide dogs
- Hearing alert/service dogs
- Medical alert dogs, such as diabetic and seizure alert/assistance dogs
- **Psychiatric service dogs for civilians**
- Scent detection dogs such as allergen and gas detection dogs
- Autism service dogs
- Dementia/Alzheimer's service dogs
- Emotional support dog



Facility Dog Application

1 General Information on Facility Dog Placement

Facility / Business Name: _____

Location Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Is the facility physical address different from the mailing address? yes no

If yes, please list the facility's mailing address: _____

Facility Phone: (_____) _____ - _____ FAX: _____

Facility Email: _____ Facility Website: _____

Facility/Business President/CEO: _____

Facility/Business President/CEO Direct Phone: (_____) _____ - _____

Facility/Business President/CEO Direct Email: _____

2 Facility

a. What type of building houses the business or organization?

Commercial Hospital/Medical School Residential Care

House Apartment Government

Other: _____

b. Is there a dog toilet area? Yes No

If yes, where will the dog toilet? _____

c. Is there a fenced yard for play/exercise? Yes No

If yes, what type of fence is it? _____

How tall is the fence and is it fully enclosed and secure without holes or gaps?

d. Will the dog be on leash or off leash in the facility? on leash off leash



If off leash, what security measures are in place to assure that the facility dog is monitored and contained and will not be able to leave the facility on its own?

e. Is there an off duty area for the facility dog to rest/take a break during the workday? Yes No

If yes, where is the area? _____

f. Where will the facility dog be during the BUCS trained handler's off hours?

g. What accommodations will be provided for the facility dog when the BUCS trained handler is unable to come to work?

h. Please list any other animals **at the facility**, their ages and whether they have been neutered or spayed:

Veterinary Clinic Name: _____

Veterinary Clinic Number: (_____) _____ - _____

i. Can you provide proof of vaccinations for these animals? Yes No

j. Do you consent to a visit to your facility from a BUCS representative? Yes No

k. If a BUCS representative cannot come to the facility due to distance, will you provide:

a) A video of your facility, yard, staff, population and animals? Yes No

b) Three references that we can contact? Yes No

l. Do you have written approval from the facility or place of work to bring a dog for canine intervention therapy? yes no

m. Do you have approval from the facility or your place of work supervisor to attend our 2-week training in Sonoma County, CA? yes no

n. Facility/ Place of Work Supervisor: _____



o. If the dog were destructive to the yard or building, how would the situation be handled?

p. Who will be responsible for paying the fees for the facility dog and team training? _____

3 Facility Population that will interact with the dog

Custodial

- Retirement Homes
- Alzheimer's Programs
- Senior Citizens
- Children's Center
- Homeless shelter

Educational

- Troubled Youth
- Learning Disabilities
- Emotional Disabilities

- Counseling

Medical

- Hospice
- Hospital
- Rehab Center

- Physical/Occupational therapy

Other _____

a. Age of population: _____

a. Please provide any other pertinent information on the demographics of the population:

4 Behavioral or Medical Conditions of facility population:

Aggression

ADD or ADHD

Depression

Physical Limitations

Reading Difficulties

Fear of Dogs

Developmental Delay

Brain Injury

Other _____

a. Please provide any other pertinent information on the behavioral or medical conditions:

b. Will the facility dog be interacting with clients/residents unsupervised? Yes No

If yes, describe: _____

c. Is there a possibility that the facility dog could be injured by a client/resident outburst or are there any other threats that the dog could encounter? Yes No

If yes, describe: _____



Is this person prepared to attend team training? [] yes [] no

If yes, please complete the Handler Information Form at the end of the application.

6 Dog care and handling

- a. Who will be responsible to feed the dog? _____
- b. Who will be responsible to groom the dog? _____
- c. Who will be your veterinarian? _____
- d. Who will be responsible for caring for this dog? _____
- e. How will you exercise your new dog and how often? _____
- f. Where will the dog stay during the day? _____
- g. Where will the dog stay during the night? _____
- h. How many hours will this dog be left alone? _____
- i. Where will s/he stay? _____



7 General information on dog's primary caretaker

First Name: _____ Middle Initial: _____ Last Name: _____

Current Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Is your mailing address different from your physical home address? yes no

If yes, please list your physical address: _____

Primary Caregiver's Title/Position: _____

Gender: _____

Date of birth: ____/____/____

Work Phone:(____)____-____ Personal Cell Phone:(____)____-____

Work Email: _____ Personal Email: _____

a. How did you hear about Bergin University of Canine Studies? _____

b. Do you have any current or previous involvement with BUCS? yes no

If yes, please explain: _____

c. How long have you been employed by the facility/organization? _____

d. Are you willing to travel to a Bergin University to train to handle the dog for 2 weeks?

Yes No

e. Average weekly work hours and schedule: _____

f. It is my intent to remain in this occupation/facility for a **minimum of 5 years**:

yes no unknown

g. If you intend to leave the facility, can you give assurance that the dog will continue working at the facility? yes no

If "no", who do you expect to continue caring for this dog? _____

h. Do you have any disabilities, medical conditions, or mental health disorders that may impact your ability to care for and handle the dog? yes no



If yes, please explain: _____

- i. Do you have any criminal history, been on parole or probation, have any pending charges or charged with driving under the influence or abuse/neglect? Yes No

If yes, please explain: _____

- j. Will you be able to cover the annual costs of caring for the dog (\$1000-\$5000/year)? This includes, but is not limited to: food, grooming, licensing, annual veterinary exam and vaccinations. yes no

- k. Are you willing to take responsibility for a dog for the rest of his/her life, possibly 10 years or more? yes no

- l. Will you be able to cover an increase in veterinary and other expenses when the dog retires? Yes No

- m. Do you consent to a visit to your home from a Bergin University representative? yes no

- n. If the University representative cannot come to your home due to distance, will you provide:
i. a video of your facility, yard, people and animals? yes no
ii. three references we can contact? yes no

- o. In what type of residence do you live?
 house townhouse apartment duplex condo other: _____

- p. Do you own or rent your home?
If you rent your home, can you provide written verification that dogs are permitted at your residence, along with your landlord's name and contact information?

Landlord Name: _____ Phone: (____) _____ - _____ Email: _____

- q. Does your residence have fenced yard enclosed area neither

Please describe in more detail: _____

- r. Does your home have a pool, pond, or other body of water? yes no

Please describe in more detail: _____



s. Please list **all household members** and their ages:

t. Is anyone in your home allergic to dogs? yes no

u. Does anyone in your home have special needs? yes no

Please describe in more detail: _____

v. Do you have children who visit regularly? yes no

w. Please list all **current pets in your household**, including type/breeds, age, and whether they've been neutered or spayed:

x. Can you provide proof of vaccinations for your pets? yes no n/a

Veterinarian Name: _____

Veterinarian Phone: (_____)_____-_____

y. Where will the dog stay when you are traveling or on vacation (non-dog friendly trips)? _____

z. Where will the dog stay when left unattended at your home? _____

aa. How many total hours per day, on average, would the dog be alone (without adults present)? _____hrs/day

Please explain in more detail: _____

bb. What are your reservations about your ability to handle a facility dog in your facility setting? _____

cc. Please provide any additional information and detail about you, your household or lifestyle that you believe is important for us to know:



8 Primary Caregiver Dog Experience

a. Dog Training Category and your proficiency level:

<u>Type</u>					<u>Years/Type of Experience:</u>
Agility	None	Beginning	Intermediate	Advanced	_____
Obedience	None	Beginning	Intermediate	Advanced	_____
Show	None	Beginning	Intermediate	Advanced	_____
Field Trial	None	Beginning	Intermediate	Advanced	_____
Search & Rescue	None	Beginning	Intermediate	Advanced	_____
Tracking	None	Beginning	Intermediate	Advanced	_____
Assistance Dog	None	Beginning	Intermediate	Advanced	_____

b. Have you ever owned a dog? yes no

c. Please tell us about any dogs you have had *previously* as an adult (breed, age, gender, indoor/outdoor dog, etc.). How long did you own the dog? What became of the dog?



9 Acknowledgement:

To complete the application, please read and initial next to the following statements:

_____ I acknowledge that the information contained on this form is true and correct. I understand that any misrepresentation of facts may result in the removal of the dog from the facility.

_____ I acknowledge Bergin University does not provide financial assistance to clients.

_____ I acknowledge submission of this application does not guarantee me to a facility dog.

_____ I acknowledge that formal training is required for the Caregiver and any additional handlers of the facility dog.

_____ I understand Bergin University will not place a dog with a handler or caregiver that intends to utilize aversive training methods and tools (i.e. shock collars, prong collars, choke chains, physical corrections, etc.) on the facility dog. If I am placed with a facility dog, I agree to not utilize aversive training methods and tools.

_____ I understand that there is a fee for the Bergin University facility dog and training.

_____ I understand that the Caregiver, and any additional handlers, may need to plan for transportation, housing, food, and entertainment expenses while attending the team training course.

_____ I understand that the Caregiver will be responsible for the ongoing costs of caring for the facility dog, which may include, but is not limited to: food, grooming, toys, other supplies, annual veterinary exam, vaccinations, and other incidental expenses after team training.

_____ I understand that if I am placed with a facility dog, there will be required in-person follow-up visits with Bergin University staff or volunteers.

_____ I understand that if I retire, leave the facility, etc. while the dog is within his/her working age, I will need to identify someone at the current facility to handle the dog in my absence. This person will need to receive formal approval and training by Bergin University staff. If no alternate handler is identified, Bergin University reserves the right to reclaim the dog.



10 Signature and Indemnification

I indemnify and hold Bergin University harmless from and against all claims, losses, and/or liabilities for damage done by a University dog to any person or property. I indemnify and hold Bergin University harmless from and against all governmental charges or fines and attorneys' fees arising out of the acts or omissions of Bergin University, including but not limited to interactions with instructors, attendees, or other students' dogs, involved in training and placement of a University dog.

Primary Caregiver's Signature _____ Date ____/____/____

Department/Division Leader

Name _____

Signature _____ Date ____/____/____

Title _____

Direct Number(_____) _____ - _____ Email _____

Facility Leader

Name _____

Signature _____ Date ____/____/____

Title _____

Direct Number(_____) _____ - _____ Email _____

Please send this application by mail or scan/email directly to:

**Bergin University of Canine Studies
Attn: Client Services**

**10201 Old Redwood Hwy
Penngrove, CA 94951**

**email: ServiceDogRequest@BerginU.edu
www.BerginU.edu**



Facility Dog Handler Information Form

To be completed if anyone other than the Caregiver will handle the dog in the facility. All Facility Dog Handlers must attend formal training with Bergin University in order to qualify as an alternate handler.

1. Name & Title: _____
2. Your role at the facility: _____
3. Your length of employment at the facility: _____
4. If you leave, who will continue handling this dog?

5. Do you have any disabilities, mental health conditions, or medical conditions that may impact your work with the dog? Yes No
If yes, please explain: _____
6. Do you have any criminal history, have been on parole or probation, have any pending charges or charged with driving under the influence or abuse/neglect? Yes No
If yes, please explain: _____
7. Would you ever take the dog to your home? yes no
 - a. Under what circumstances? _____
 - b. Home Address: _____
 - c. Please list **all household members and their ages**: _____
 - d. Please list all **current pets in your household**, including type/breeds, age, and whether they've been neutered or spayed: _____
 - e. Do you consent to a visit to your home from a PPH representative? Yes No
8. When will you handle the dog? Please include days/times if known.

9. Please describe the setting(s) & circumstances:

10. What population will interact with the dog? _____
11. What tasks do you anticipate will be helpful for the dog to perform? _____
12. Where will the dog toilet? _____
13. Where/when will the dog take a break? _____
14. Why do you want to be a facility dog handler?



15. What reservations do you have about handling the dog in the facility?

16. Please provide any additional information and detail about you, your role, or lifestyle that you believe is important for us to know:

Facility Handler's Signature _____ Date ____/____/____

Direct Work Number(_____) _____ - _____ Work Email _____

Personal Cell Number(_____) _____ - _____ Personal Email _____

Supervisor

Name _____

Signature _____ Date ____/____/____

Title _____

Direct Number(_____) _____ - _____ Email _____