Dear Prospective Client,

Thank you for your interest in being matched with one of our wonderful service dogs! This packet includes the application materials to apply for a Bergin University service dog. 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 (waived for Veterans with service-related disabilities).
2. For Veterans: A copy of your DD214. *Do not send the original document*.
3. Your photo (within the last year).
4. The completed *Assistance Dog Application*, which includes:
    A. *Supportive Contact Form* - Signed acknowledgment from family members or designated supportive contacts confirming these people are aware of your application for a service dog and support the process, the placement of a service dog, and the follow-up of the team.
    B. *Mental Health Provider Consent Form* - For patients with mental health diagnoses, this form allows us to communicate directly with your mental health treatment provider or treatment team. This consent is required in order for your application to be accepted.
    C. The *Applicant Reference – Treatment/Service Provider Reference form* identifying any other relevant health providers we may need to contact for information on your need for a service dog.
    D. The *Applicant Medical History Form* completed by your physician/primary care specialist/mental health provider.
    *For applicants (Veterans) diagnosed with Post-Traumatic Stress Disorder, the medical history form must be filled out by the professional overseeing your mental health treatment plan. If you are a Veteran seeking a service dog for symptoms of PTSD *and* mobility limitations, please have *both* your physician and your mental health provider fill out separate medical history forms.
5. A personal letter of reference from a friend, teacher, or someone other than family.
6. A professional letter of reference from a therapist, social worker, teacher, or any other professional with whom you have contact.
7. A one-page letter stating your reasons for wanting a service dog and how you feel the dog would benefit you.
8. Contact information for all persons providing supporting documentation (individuals writing reference letters, health care providers, 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 (including our Clinical Consultant), the next steps in the process begin as we send you six social style forms (to be completed by people you select), a preliminary interview form, photos & videos of your home and work (if applicable), more information on any household pets, as well as any additional documentation needed from you or your Provider. Once we receive these documents, we will add you to our Interview waitlist. Bergin University students conduct all of our interviews, under staff supervision, as part of their coursework in Assistance Dog Education. Interviews are conducted during class periods and are scheduled to fit in with the academic calendar and student coursework.

Step Three: Interview and Follow-Up
We will contact you to schedule an interview with Bergin University students on campus. If you are unable to travel to our campus, we will arrange to conduct the interview via video conference. The interview is the final step in the process that enables us to determine if our service dogs are able to meet your needs. After the interview, we may conduct further follow-up with providers 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 service dog placement. If you are selected for placement, you will be placed on the Waitlist. 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 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 service dog program that employs professional trainers.

*We strongly recommend that you also apply to other service dog organizations so that you have a greater chance of being matched with a dog as soon as possible. Please see the Assistance Dogs International website for a list of programs throughout the country placing service dogs.

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 for you has been determined, you will be invited to attend the two-week Assistance Dog Client Training certificate course held at our Penngrove, California campus. Training is scheduled to fit in with the academic calendar and is typically held in the Spring and Summer each year.

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 service dog are: *a $2200 fee for the dog, as well as a $558* fee for the two-week training course (the dog and training course fees are waived for Veterans with service -related disabilities). Other expenses you may need to plan for include: transportation, housing, food, and outings/fieldtrip 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 that 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 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 service 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 Assistance 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 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 Assistance Dog application.
- **ALL Applicants must have an established baseline for at least a year prior to applying for a dog (i.e. regular provider, daily routine/activities, social support, living situation, job/school, etc).**
- **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.assistancedogsinternational.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

Assistance Dog Application

Please note: *Application must be completed by the applicant or answered under the direction of the applicant.*

Bergin University of Canine Studies requests information and materials that may be considered confidential which will be used only for this *application* and not for any other purpose.

GENERAL INFORMATION

Date:_____

Name _____ Date of Birth _____

Your Birth Order (circle one) 1st 2nd 3rd 4th 5th 6th Other

Street Address _____

City_____ State _____ Zip _____

Home Phone (_____)_____ Cell Phone (_____)_____

Email Address_____

Height _____Weight _____Gender _____

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

If yes, please list your mailing address: _____

Have you had a service dog from Bergin before? [ ] Yes [ ] No

If yes, please write the dog's name, DOB, and placement date: _____

I am applying for a:
[ ] mobility service dog (civilian/military)
[ ] PTSD service dog (military ONLY)
[ ] mobility and PTSD service dog – one dog to perform combination of these tasks (military ONLY)

How did you hear about Bergin University of Canine Studies (BUCS)? _____

Do you have any current or previous involvement with BUCS? [ ] Yes [ ] No

If yes, please explain:_____

Emergency Contact _____

Street Address _____

City_____ State _____ Zip _____

Phone (_____)_____ Relationship _____

Email: _____

Place of Employment (if applicable)_____

Street Address _____

City_____ State _____ Zip _____

Work Phone (_____)_____Position:_____
Length of Employment:_____

Current School (if applicable)_____

Street Address _____

City_____ State _____ Zip _____

School Phone (_____)_____ Dates of Program: _____to_____

What is your military status? [ ] Veteran [ ] Active Duty [ ] Not Applicable [ ]Other:_____

If Active Duty, what is your anticipated discharge date: _____
What branch of the military were you in, if applicable?_____

Do you have any criminal history, been on parole or probation, have any pending charges or charged with driving under the influence? [ ] Yes [ ] No

If yes, please explain:_____
_____

Do you accept that the use of a service dog will publicly identify you as a person with a disability?
[ ] Yes [ ] No

If no, please explain: _____

Are you able to travel to Bergin University's campus for your interview?
[ ] Yes [ ] No

If no, please explain: _____

Do you have the ability and financial means to travel to Bergin University to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses)?

[ ] Yes [ ] No

If no, please explain: _____

Do you manage your own finances?

[ ] Yes, I manage my own finances.

[ ] No, I do not manage my own finances.

If no, then who does (i.e. family or a VA appointed fiduciary)? _____

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

[ ] Yes [ ] No

Assistance Dog Application
HOME LIFE & DOG CARE

What is your marital status?

[ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Other_____

With whom do you live? (check all that apply)

[ ] Alone [ ] With parent(s) [ ] With spouse or significant other
[ ] With attendant [ ] With roommates [ ] Other _____

Where do you live? [ ] House [ ] Apartment [ ] Dorm [ ] Other _____

How long have you lived there? _____

Do you [ ] own or [ ] rent?

Neighborhood Type: [ ] Suburban [ ] Urban [ ] Rural

Do you consent to a visit to your home from a Bergin University representative? [ ] Yes [ ] No

If a University representative cannot come to your home due to distance, will you provide:

1. a video of your home, yard, people and animals? [ ] Yes [ ] No
2. three references we can contact? [ ] Yes [ ] No

Your living situation has [ ] a fenced yard [ ] an enclosed area [ ] neither

Please describe in more detail: _____

Does your home have a pool, pond or other body of water? [ ] Yes [ ] No

Please describe in more detail: _____

Please list **all household members and their ages**: _____

Are all household members aware of your assistance dog application? [ ] Yes [ ] No

If no, please explain:_____

Do any members of the household have special needs or are elderly? [ ] Yes [ ] No

If Yes, Please explain:_____

Does anyone in your home have any of the following: a criminal history, been on parole or probation, have any pending charges, or have been charged with driving under the influence or abuse/neglect? [ ]Yes [ ]No

If Yes, Please explain:_____

Is anyone in your home allergic to dogs? [ ] Yes [ ] No

Do you have children who visit regularly? [ ] Yes [ ] No

What are their ages? _____

Who will be responsible for daily feedings for the dog? _____

Who will be responsible for daily grooming for the dog?_____

Who will be responsible for daily exercise for the dog?_____

Who will be responsible for overall daily care for the dog? _____

In the event of an emergency (i.e. hospitalization of self), what would happen to the dog? Who would care for the dog?

_____

_____

In the event of a medical emergency for the dog, do you have the ability to transport the dog to a veterinarian or have 1:1 designated assistance that can help provide you and your dog this support?

_____

_____

Do you **currently** own any pets? Are there animals in your household? [ ] Yes [ ] No

If yes, please list all pets (indoor & outdoor), including the type, breed, age, intact status, and gender:

_____

_____

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?

_____

_____

Veterinarian Name: _____

Practice Name:_____

Phone: _____

Email: _____

☐ Current Veterinarian ☐ Former Veterinarian

What are your reservations about your ability to handle and care for a service dog?

_____

_____

Please describe your daily routine:

_____

_____

Please describe what hobbies and activities you enjoy:

_____

_____

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

_____

_____

_____

_____

Assistance Dog Application
MEDICAL INFORMATION

Primary Disability _____ Age at Diagnosis _____

Cause of Disability (if known) _____

Secondary Disability/Medical Conditions_____

_____

How many hours of attendant care do you receive each week? _____

Please indicate any special instruction/consideration related to your disability/medical conditions (for example hyperreflexia management, seizure precautions, etc.)

_____

_____

Please list any **medications**, including medical marijuana, you are currently taking:

_____

Please list any **over the counter medications** (vitamins, supplements, sleep aides, etc.) you are taking:

_____

_____

Do you fall? [ ] Yes [ ] No [ ] Sometimes

If yes or sometimes, when was the last time you fell? How frequently do you fall? What management is used to remediate falling?

_____

_____

Are you **currently participating** in an inpatient program or have you within the last 12 months?
[ ] Yes [ ] No

If yes, please explain the program in more detail:

_____

Have you participated in any in-patient or outpatient **mental health programs in the past**? [ ] Yes [ ] No

If yes, please explain: _____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Have you participated in any additional in-patient or outpatient program **in the past** (physical rehab, substance abuse, etc.)? [ ] Yes [ ] No

If yes, please explain: _____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Are you **currently** experiencing thoughts of suicide? [ ] Yes [ ] No

Have you experienced thoughts of suicide in the **past**? [ ] Yes [ ] No

Do you have a **history** of past suicide attempts? [ ] Yes [ ] No

If Yes, please indicate dates: _____

Please circle EACH of the following using these number descriptions:

0 = not applicable 1 = mild 2 = moderate 3 = severe

MOTOR IMPAIRMENTS

0, 1, 2, 3 - Weakness 0, 1, 2, 3 - Spasticity 0, 1, 2, 3 - Coordination

0, 1, 2, 3 - Other:_____

SENSORY IMPAIRMENTS

0, 1, 2, 3 - Vision 0, 1, 2, 3 - Hearing 0, 1, 2, 3 - Loss of Sensation

0, 1, 2, 3 - Other:_____

COGNITIVE IMPAIRMENTS

0, 1, 2, 3 - Attention 0, 1, 2, 3 - Memory 0, 1, 2, 3 - Problem Solving

0, 1, 2, 3 - Judgement 0, 1, 2, 3 - Other:_____

COMMUNICATION IMPAIRMENTS

0, 1, 2, 3 - Comprehension 0, 1, 2, 3 - Expression 0, 1, 2, 3 - Other:_____

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS

0, 1, 2, 3 - Depression
0, 1, 2, 3 - Anhedonia
0, 1, 2, 3 - Impaired Self-Esteem
0, 1, 2, 3 - Hopeless/Helplessness
0, 1, 2, 3 - Appetite Disturbance
0, 1, 2, 3 - Suicidal Ideation
0, 1, 2, 3 - Isolation
0, 1, 2, 3 - Emotional Numbness/Detachment/Restricted Affect
0, 1, 2, 3 - Lack of Empathy
0, 1, 2, 3 - Anxiety
0, 1, 2, 3 - Panic Attacks
0, 1, 2, 3 - Hyper-Vigilance
0, 1, 2, 3 - Impulsivity
0, 1, 2, 3 - Exaggerated startle response
0, 1, 2, 3 - Sleep Disorder
0, 1, 2, 3 - Nightmares/ Flashbacks/ Intrusive Thoughts
0, 1, 2, 3 - Irritability/ Anger Control Issues
0, 1, 2, 3 - Substance Abuse; If applicable, please describe in more detail the type & severity:

_____

Sobriety Date: ____/_____/_____

0, 1, 2, 3 - Other: _____

ADDITIONAL MEDICAL CONDITIONS

0, 1, 2, 3 - cardiovascular disease 0, 1, 2, 3 - Respiratory disease
0, 1, 2, 3 - Diabetes 0, 1, 2, 3 - Seizure disorder
0, 1, 2, 3 - chronic pain 0, 1, 2, 3 - neurogenic bladder
0, 1, 2, 3 - neurogenic bowel
0, 1, 2, 3 - Other: _____

ASSISTIVE DEVICES (Please check any that apply and indicate frequency/ provide more detail)

[ ] manual wheelchair; frequency: _____
[ ] power wheelchair/scooter; frequency: _____
[ ] walker; frequency: _____
[ ] crutches; frequency: _____
[ ] cane; frequency: _____
[ ] orthosis; Please describe in more detail: _____
[ ] prosthesis; Please describe in more detail: _____
[ ] hearing aid; Please describe in more detail: _____

Please identify Functional Independence Measure (FIM) levels for EACH of the following motor activities based on this scale:

No Helper

7 = Complete independence (timely, safely)
6 = Modified independence (device)

Helper-modified independence

5 = Supervision
4 = Minimal assistance (you can perform 75% of this task/activity)
3 = moderate assistance (you can perform 50% of this task/activity)

Helper- Complete dependence

2 = maximal assistance (you can perform 25% of this task/activity)
1 = total assistance (you can perform 0% of this task/activity)

Self- Care

1,2,3,4,5,6,7 - Eating
1,2,3,4,5,6,7 - Grooming
1,2,3,4,5,6,7 - Bathing
1,2,3,4,5,6,7 - Dressing upper body
1,2,3,4,5,6,7 - Toileting
1,2,3,4,5,6,7 - Dressing lower body
1,2,3,4,5,6,7 - Other:_____

Sphincter Control

1,2,3,4,5,6,7 - bladder management
1,2,3,4,5,6,7 - bowel management
1,2,3,4,5,6,7 - Other:_____

Transfers

1,2,3,4,5,6,7 - Chair, wheelchair
1,2,3,4,5,6,7 -toilet
1,2,3,4,5,6,7 -tub, shower
1,2,3,4,5,6,7 - Other:_____

Locomotion

1,2,3,4,5,6,7 - walk & wheelchair
1,2,3,4,5,6,7 - Walk
1,2,3,4,5,6,7 - Wheelchair
1,2,3,4,5,6,7 - Other:_____

Please provide additional details to describe your mobility, such as your use of arms, legs, fine motor skills, ability to bend, and balance:

_____

_____

Assistance Dog Application

Supportive Contact for Service Dog Team

Please identify and provide contact information for two different individuals who have agreed to provide support to you and the service dog. These individuals will have access to Bergin University of Canine Studies staff and must agree to provide an immediate and temporary home for the dog should an emergency arise.

Contact Name _____Relationship _____

Street Address _____

City_____ State _____ Zip _____

Phone (_____) _____ Email: _____

DOB: _____/_____/_____

By signing this, I acknowledge I am aware of the applicant's service dog application. I support the placement of a service dog with the applicant and agree to provide an immediate and temporary home for the dog should an emergency arise.

Signature of contact _____ Date _____

Contact Name _____Relationship _____

Street Address _____

City_____ State _____ Zip _____

Phone (_____) _____ Email: _____

DOB: _____/_____/_____

By signing this, I acknowledge I am aware of the applicant's service dog application. I support the placement of a service dog with the applicant and agree to provide an immediate and temporary home for the dog should an emergency arise.

Signature of contact _____ Date _____

Your supportive contacts must sign this form or submit a separate written acknowledgment confirming that they are aware of the application for a service dog and supports the process, the placement of a service dog, and the follow-up of the team.

Assistance Dog Application

Applicant Reference – Treatment/Service Provider

Please provide information on any other treatment/service providers that we may contact as a reference to obtain additional information regarding your application for a service dog. This includes providers other than the primary care physician or mental health provider, if applicable.

I hereby give my permission for the listed service providers to supply any information regarding my physical and/or psychosocial status to Bergin University of Canine Studies for the purpose of completing my application for an assistance (service) dog.

I also agree to inform all of my Service Providers that I have applied and for an assistance dog and if accepted, this dog may be able to go in public with me, including visits to my care professionals.

Applicant Name (Please print clearly) _____

Applicant Signature _____

Service Provider Contact Information

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____Extension :_____

Email: _____

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____Extension :_____

Email: _____

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____Extension :_____

Email: _____

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____Extension :_____

Email: _____

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____Extension :_____

Email: _____

Assistance Dog Application
Mental Health Provider Consent Form

For patients with mental health diagnoses, sign the following allowing us to communicate directly with your mental health treatment provider or treatment team. This consent is required in order for your application to be accepted.

By signing this form, I authorize Bergin University of Canine Studies to communicate directly with my mental health treatment provider or treatment team regarding confidential health information throughout the application process, placement process, and following placement with a service dog. The purpose of this communication will be to determine my abilities related to placement with a service dog as well as to enable Bergin University of Canine Studies to ensure the service dog is appropriately integrated into my treatment.

Applicant name: _____

Name & Credentials of Mental Health Provider: _____

Phone Number of Mental Health Provider: _____ Ext:_____

Email of Mental Health Provider: _____

_____

Applicant Signature Date

Assistance Dog Application

Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.

Do you have:

[ ] The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper and timely veterinarian care for the dog independently or with designated 1:1 assistance?

[ ] The capacity to meet the service dog's social and emotional needs throughout the dog's life?

[ ] The ability and motivation to accept responsibility for using the dog appropriately?

[ ] The financial means to cover the annual cost (food, veterinary care, flea/tick/heartworm treatment, supplies, and other incidental expenses as needed) for a dog for its life, including the potential for an increase in expenses after the dog retires (estimated to be $1000-$5000+/year)?

[ ] The ability and financial means to travel to Bergin University for an interview?

[ ] The ability and financial means to travel to Bergin Unniversity to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses)?

Assistance Dog Application
Acknowledgment and Signature

If you have been involved in Paws for Purple Hearts, please read and check the box below:

[ ] I hereby give my permission for Bergin University of Canine Studies and Paws for Purple Hearts to exchange information regarding my physical and/or psychosocial status for the purposes of fulfilling my application for a Bergin University service dog.

The information on this application is correct to the best of my knowledge.

_____ _____

Applicant Signature *Date*

If the applicant is a minor, or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name _____

Street Address _____

City_____ State _____ Zip _____

Phone (_____)_____ Relationship _____

Email:_____

_____ _____

Parent or Guardian Signature *Date*

Assistance Dog Application
Acknowledgment and Signature Cont.

To complete the application, please read and <u>initial</u> next to the following statements and then sign and date.

_____ I acknowledge that I have read and understand the Client Placement Overview & Policy, as well as the steps for the application process, listed at the beginning of this application.

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

_____I acknowledge and understand there is a fee for the dog and team training course, if I am not a veteran.

_____ I acknowledge and understand that I am responsible for my expenses during the two-week team training course, which may include: transportation, housing, food, field trip and public outings.

_____ I acknowledge and understand that after successful completion of the team training course, I am responsible for all aspects of the dog's care, including, but not limited to: food, grooming, toys, other supplies, annual veterinary exam, vaccinations, and other incidental expenses ($1000-$5000+/year).

____ I acknowledge and understand that after successful completion of the team training course, I will be required to follow-up with Bergin University for the remainder of my working partnership with my dog.

_____ I acknowledge submission of this application does not guarantee me to an assistance dog.

. _____ _____

Applicant Signature *Date*

_____ _____

Parent or Guardian Signature *Date*

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

ServiceDogRequest@BerginU.edu
www.BerginU.edu

Applicant Medical History Form (1/8)

This form is to be completed by your physician/primary care specialist/mental health provider and sent by him/her directly back to Bergin University. Please sign the release (in box below) before giving the form to your Provider.

*For applicants (veterans only) diagnosed with Post-Traumatic Stress Disorder or Traumatic Brain Injury, the medical history form must be filled out by the professional overseeing your mental health treatment plan. If you are a veteran seeking a service dog for symptoms of PTSD *and* mobility limitations, please have *both* your physician and your mental health provider fill out separate medical history forms.

PROVIDER NAME_____

Please release the requested information regarding my condition to Bergin University of Canine Studies. This information will help determine my abilities in regard to the placement of an assistance dog.

Applicant's Name (please print) _____

Applicant's Signature _____ Date: _____

PROVIDER INFORMATION

Name & Credentials _____

Name of Practice _____

Type of Practice _____

Street Address _____

City_____ State _____ Zip _____

Phone (_____) _____Ext: _____ Alt. Phone Number: (_____)_____

Email _____

[ ] Yes, you may contact me for further information or clarification if needed. *This box must be checked.*

How long have you worked with this patient? _____
How frequently do you work with this patient? _____

Do you have any experience with canine-assisted therapy or service dogs? [ ] Yes [ ] No

If yes, please explain:

Applicant Medical History Form (2/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

PATIENT INFORMATION:

What is this patient's primary disability? _____

What was the cause of the disability? _____

At what age was (s)he disabled? _____ Is this disability progressive?_____

If yes, please explain:

_____

_____

Are there additional disabilities, such as mild TBI? (If so, please identify)

_____

_____

Please indicate any special instruction/consideration related to your patient's disability/medical conditions (for example hyperreflexia management, seizure precautions, etc.)

_____

_____

Please list all current **medications**, including medical marijuana:

_____

_____

Please list any **over the counter** medications (vitamins, supplements, sleep aides, etc.) s/he takes:

_____

_____

Current number of hours of attendant care per week: _____

Does the patient fall? [ ] Yes [ ] No [ ] Sometimes

If yes or sometimes, when was the last time s/he fell? How frequently does s/he fall? What management is used to remediate falling?

_____

Applicant Medical History Form (3/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

Is the patient **currently participating** in an inpatient program or has s/he within the last 12 months?
[ ] Yes [ ] No

If yes, please explain in more detail:

_____

Has the patient participated in an inpatient or outpatient **mental health programs in the past**?
[ ] Yes [ ] No
If yes, please explain: _____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Has the patient participated in any additional in-patient or outpatient program **in the past** (physical rehab, substance abuse, etc.)?
[ ] Yes [ ] No

If yes, please explain: _____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Date of Admission _____Date of Discharge_____ Program Type_____

Is the patient **currently** experiencing thoughts of suicide? [ ] Yes [ ] No

Has the patient experienced thoughts of suicide in the **past**? [ ] Yes [ ] No

Does the patient have a **history** of past suicide attempts? [ ] Yes [ ] No

If Yes, please indicate dates: _____

Is there an active mental health treatment plan? [ ] Yes [ ] No

If yes, is patient reasonably compliant with the treatment plan? [ ] Yes [ ] No [ ] N/A

Do you supervise the mental health treatment plan? [ ] Yes [ ] No [ ] N/A

If no, who does? _____

If yes, please describe patient's progress in treatment plan, including length of time active in plan:

Please provide treatment summary or treatment plan.

Does the treatment plan call for Canine-Assisted Therapy? [ ] Yes [ ] No

If yes, please explain in more detail:

Applicant Medical History Form (5/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

Please circle EACH of the following using these number descriptions:
0 = not applicable 1 = mild 2 = moderate 3 = severe

MOTOR IMPAIRMENTS

0, 1, 2, 3 - Weakness 0, 1, 2, 3 - Spasticity 0, 1, 2, 3 - Coordination

0, 1, 2, 3 - Other:_____

SENSORY IMPAIRMENTS

0, 1, 2, 3 - Vision 0, 1, 2, 3 - Hearing 0, 1, 2, 3 - Loss of Sensation

0, 1, 2, 3 - Other:_____

COGNITIVE IMPAIRMENTS

0, 1, 2, 3 - Attention 0, 1, 2, 3 - Memory 0, 1, 2, 3 - Problem Solving

0, 1, 2, 3 - Judgement 0, 1, 2, 3 - Other:_____

COMMUNICATION IMPAIRMENTS

0, 1, 2, 3 - Comprehension 0, 1, 2, 3 - Expression 0, 1, 2, 3 - Other:_____

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS

0, 1, 2, 3 - Depression
0, 1, 2, 3 - Anhedonia
0, 1, 2, 3 - Impaired Self-Esteem
0, 1, 2, 3 - Hopeless/Helplessness
0, 1, 2, 3 - Appetite Disturbance
0, 1, 2, 3 - Suicidal Ideation
0, 1, 2, 3 - Isolation
0, 1, 2, 3 - Emotional Numbness/Detachment/Restricted Affect
0, 1, 2, 3 - Lack of Empathy
0, 1, 2, 3 - Anxiety
0, 1, 2, 3 - Panic Attacks
0, 1, 2, 3 - Hyper-Vigilance
0, 1, 2, 3 - Impulsivity
0, 1, 2, 3 - Exaggerated startle response
0, 1, 2, 3 - Sleep Disorder
0, 1, 2, 3 - Nightmares/ Flashbacks/ Intrusive Thoughts
0, 1, 2, 3 - Irritability/ Anger Control Issues
0, 1, 2, 3 - Substance Abuse; If applicable, please describe in more detail the type & severity:
_____
Sobriety Date: ____/_____/_____
0, 1, 2, 3 - Other: _____

10201 OLD REDWOOD HWY, PENNGROVE, CA 94951 • (707) 545-DOGS (3647) • WWW.BERGINU.EDU

Applicant Medical History Form (6/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

ADDITIONAL MEDICAL CONDITIONS

0, 1, 2, 3 - Cardiovascular Disease
0, 1, 2, 3 - Diabetes
0, 1, 2, 3 - Chronic pain
0, 1, 2, 3 - Neurogenic bowel
0, 1, 2, 3 - Respiratory disease
0, 1, 2, 3 - Seizure disorder
0, 1, 2, 3 - Neurogenic bladder
0, 1, 2, 3 - Other: _____

ASSISTIVE DEVICES (Please check any that apply and indicate frequency/ provide more detail)

[ ] manual wheelchair; frequency: _____
[ ] power wheelchair/scooter; frequency: _____
[ ] walker; frequency: _____
[ ] crutches; frequency: _____
[ ] cane; frequency: _____
[ ] orthosis; Please describe in more detail: _____
[ ] prosthesis; Please describe in more detail: _____
[ ] hearing aid; Please describe in more detail: _____

Please identify Functional Independence Measure (FIM) levels for EACH of the following motor activities based on this scale:

No Helper
7 = Complete independence (timely, safely)
6 = Modified independence (device)
Helper-modified independence
5 = Supervision
4 = Minimal assistance (patient can perform 75% of this task/activity)
3 = moderate assistance (patient can perform 50% of this task/activity)
Helper- Complete dependence
2 = maximal assistance (patient can perform 25% of this task/activity)
1 = total assistance (patient can perform 0% of this task/activity)

Self- Care

1,2,3,4,5,6,7 - Eating
1,2,3,4,5,6,7 - Dressing upper body
1,2,3,4,5,6,7 - Dressing lower body
1,2,3,4,5,6,7 - Grooming
1,2,3,4,5,6,7 - Toileting
1,2,3,4,5,6,7 - Other:_____
1,2,3,4,5,6,7 - Bathing

Sphincter Control

1,2,3,4,5,6,7 - Bladder management
1,2,3,4,5,6,7 - Bowel management
1,2,3,4,5,6,7 - Other:_____

Transfers

1,2,3,4,5,6,7 - Chair, wheelchair
1,2,3,4,5,6,7 -toilet
1,2,3,4,5,6,7 -tub, shower
1,2,3,4,5,6,7 - Other:_____

Locomotion

1,2,3,4,5,6,7 - Walk & wheelchair
1,2,3,4,5,6,7 - Wheelchair
1,2,3,4,5,6,7 - Walk
1,2,3,4,5,6,7 - Other:_____

Applicant Medical History Form (7/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

Please provide additional details to describe mobility, such as use of arms, legs, fine motor skills, ability to bend, and balance:

_____

_____

Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.

Would you expect that the patient:

[ ] The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper and timely veterinarian care for the dog independently or with designated 1:1 assistance?

[ ] The capacity to meet the service dog's social and emotional needs throughout the dog's life?

[ ] The ability and motivation to accept responsibility for using the dog appropriately?

[ ] The ability and financial means to travel to Bergin University for an interview, and possibly at a later date, to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses)?

[ ] The financial means to cover the annual cost (food, veterinary care, flea/tick/heartworm treatment, supplies, and other incidental expenses as needed) for a dog for its life, including the potential for an increase in expenses after the dog retires (estimated to be $1000-$5000+/year)?

If you cannot expect any of the above, please explain:

_____

_____

_____

Once a service dog is ready for your patient, the next step is for the patient to attend a two-week training at our University in Sonoma County. We call this Team Training. This training is physically and mentally demanding (8 hr days, lectures, public field trips, tests, quizzes, working final, etc.). Do you think your patient could handle the rigorous nature of this course? ☐ **Yes** ☐ **No** If not, please explain:

_____

_____

Applicant Medical History Form (8/8)

This form is to be completed by your physician/provider and sent by him/her directly back to Bergin University.
Please sign the release before giving the form to your provider.

Can you recommend this individual for an assistance dog? _____

Comments_____

_____

_____

If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:

[ ] History of treatment resistance

[ ] Consistent lack of insight regarding disability & related care needs

[ ] Unstable home environment

[ ] Unable to care for dog (either directly or with physical assistance of others)

[ ] Potential for abuse of dog

[ ] Potential for unsafe, unhealthy environment for dog

[ ] Potential for not able or willing to use dog responsibly and appropriately

[.] Other – please explain: _____

Do you have additional comments/concerns? If so, please explain_____

_____

_____

_____

_____ _____

Provider's Signature ***Date***

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

Bergin University of Canine Studies
Attn: Client Services

10201 Old Redwood Hwy
Penngrove, CA 94951

ServiceDogRequest@BerginU.edu
www.BerginU.edu