

Pawsitive Action

Owner-Trained Assistance Dog Application

Contact Information

Your Name: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Number: _____ Home Phone Number: _____

Check if under 18 and obtain parental consent

Parental Consent (if a minor)

Parent(s) Name(s): _____ I/We approve

Parent Email address: _____

Cell number: _____ Home Phone Number: _____

Veterans

If you are a U.S. Veteran, please complete the sections below. If you are not a veteran, please skip to the section titled "Needs & Personal Information."

Veteran Documentation Needed

Please Provide Each of the following:

- Legal Photo Identification
- Veteran Health Identification Card (VHIC)-if applicable
- DD214 or NGB 22 (Discharge Documentation) (County VSO can assist with acquiring)
- VA Disability Rating Decision Letter (County VSO can assist with acquiring)
- Sign a Power of Attorney for Veteran Claims with County VSO
- Mental Health Physician Letter of recommendation or most recent Mental Health Assessment from Mental Health Physician

Veteran Status

Date of disability: _____

Is your disability a Service-Related (Active Duty) Injury? Yes No

Did you receive an honorable discharge? Yes No

Define disability (please be specific): _____

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Cause of Disability (please be specific): _____

Define Specific Need for a Service Dog (please be specific): _____

Veteran Support - Primary Sponsor (Spouse/Partner/Dependent)

Name: _____ Phone Number: _____

Email: _____

Relationship to Veteran: _____

Veteran PTSD Symptom Checklist

Please check all that apply:

- Having nightmares, vivid memories of flashbacks
- Feel emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming depressed
- Think you are always in danger
- Feel anxious, jittery or irritated
- Have difficulty sleeping
- Substance abuse
- Have a hard time relating to, or getting along with spouse, family or friends
- Trouble staying focused
- No PTSD symptoms present

If there are other behaviors that are affecting you negatively, please explain below: _____

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Needs & Personal Information

Your Doctor's Name: _____

Your Doctor's Contact Information: _____

Primary Disability: _____

Effects of Disability: _____

Is your mobility or coordination limited? If so, how? _____

How long have you lived with your current disability/ies? _____

Describe any hospitalizations you have had in the last three years: _____

Describe your own current activity level: Low Moderate High

Do you have a healthy support group to help you through difficult times? Yes No

What activities do you most enjoy? _____

Describe a typical day in your life: _____

Are you presently: Student Employed Unemployed Other _____

Have you discussed this application with your employer and/or school and are they supportive of the idea of you always having an Assistance Dog at your side? Yes No

Have you had an Assistance Dog before? Yes No

Have you applied with other Assistance Dog Organizations? Yes No

Are you willing and able to attend weekly classes at our location in St. Cloud, and outings required certify your dog as a fully-trained Assistance Dog? Yes No

Are you willing and able to attend required ongoing monthly classes and outings and annual exams to maintain your dog's certification as a fully-trained Assistance Dog? Yes No

Home Environment

Do all members of your household support you having an Assistance Dog? Yes No

Are there other individuals with disabilities in your home? _____

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About Your Dog

Your Dog's Name: _____ M F Spayed/Neutered Yes No

Breed: _____ Age _____

Current Level of training: _____ Does your dog have its AKC CGC Certificate? Yes No

Is your dog current on all vaccinations? Yes No Provide a copy of Veterinary Records.

What is the general health and activity of your dog? _____

What bad/annoying habits does your dog have at this time? _____

Does your dog play well with other dogs? Yes No

Does your dog jump or dig under fences? Yes No

Is your dog afraid of loud noises? Yes No

Does your dog have a bite record? Yes No Bite Record

Do you always carry and use clean-up bags and materials when you take your dog out? Yes No

Is your dog overly shy with some types or ages of people? Yes No If yes, explain: _____

What are your hopes and fears with training your dog to be an Assistance Dog? _____

Referral

How did you learn about Pawsitive Action? Web Friend/Agency: _____

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Basic Policy and Process

Pawsitive Action is a registered 501c3 non-profit organization. By submitting this application, I verify that I am the owner of this dog and I understand that I am responsible for all behavior of my dog while on the Pawsitive Action property upon acceptance.

THERE ARE TWO OPTIONS FOR THE OWNER-TRAINED PROGRAM:

-Option 1: After program acceptance, a PAF trainer can train your dog for you. Begin by leaving your dog with us for 30 days of training. We provide boarding and training for your pet. While in our care, he/she will learn basic manners as well as basic assistance dog skills. Included with this package is four private training sessions for you and your family or facilitator. For 30 days of boarding and training, it would be \$1,350 (\$45/lesson). Half of the payment (\$675) is due at the start of the program and the other half (\$675) is due at the end of 30 days of training. **This option is easier on you should you need assistance.**

Option 1 Services	Fees
Application Fee	\$0
Private Evaluation-Temperament Test	\$0
Welcome Kit: <i>ID Badge (\$5), T-Shirt (\$10), Dog In-Training Vest (\$35), Training Book (\$10)</i> <i>*You will not receive the vest until after you pass the Basic Public Access test. (First 2.5 to 3 months of program)</i>	\$60
Training Fee: <i>30-days boarding and training & 4 private training sessions</i> <i>6-month long program</i>	\$45/lesson \$1,350/month TOTAL: \$8,100
Tests & Certifications: <i>PAF Basic Public Access (\$0) Annual CGC (\$20), CGC-A (\$20), Urban (\$20), PAF Public Access (\$0)</i>	\$60
Medical Treatments: <i>Discounted Flea, Heartworm Prevention</i> <i>(Licensed Veterinarian approved)</i>	As needed
Required Follow Up: <i>6 Lessons-Once a month for 6 months</i> <i>Follow up begins after PAF Public Access Certification</i>	\$25/lesson TOTAL: \$150
TOTAL:	\$8,370
Required Continued Education: <i>Follow-Up Lessons once every 3 months for the working life of the dog</i>	\$25/lesson
Annual Certifications: <i>PAF Public Access (\$0) and CGC (\$20)</i>	\$20

-Option 2: After program acceptance, you may begin training your dog in our classes. The average training time to complete the PAF Owner-Trained program is 6 to 12 months.

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Option 2 Services	Fees
Application Fee	\$0
Private Evaluation-Temperament Test	\$0
Welcome Kit: <i>ID Badge (\$5), T-Shirt (\$10), Dog In-Training Vest (\$35), Training Book (\$10)</i> <i>*You will not receive the vest until after you pass the Basic Public Access test. (First 2.5 to 3 months of program)</i>	\$60
Training Fee: <i>34 Lessons (Puppy Star/Basic all the way to Advanced Skills/Retrieving Lessons)</i>	\$25/lesson TOTAL: \$850
Tests & Certifications: <i>PAF Basic Public Access (\$0), Annual CGC (\$20), CGC-A (\$20), Urban (\$20), PAF Public Access (\$0)</i>	\$60
Medical Treatments: <i>Discounted Flea, Heartworm Prevention (Licensed Veterinarian approved)</i>	As needed
Required Follow Up: <i>6 Lessons-Once a month for 6 months</i> <i>Follow up begins after PAF Public Access Certification</i>	\$25/lesson TOTAL: \$150
TOTAL:	\$1,120
Required Continued Education: <i>Follow-Up Lessons once every 3 months for the working life of the dog</i>	\$25/lesson
Annual Certifications: <i>PAF Public Access (\$0) and CGC (\$20)</i>	\$20

***WE ACCEPT VISA, MASTERCARD, CHECKS, MONEY ORDERS AND CASH.**

PLEASE SPECIFY WHICH OPTION YOU'RE INTERESTED IN HERE:

OPTION 1 _____

OPTION 2 _____

In addition to this form, please submit the following via email to pawsitiveaction@gmail.com or to our office at 5701 Leon Tyson Road, St. Cloud, FL 34771 Monday thru Saturday from 8 am to 12 pm:

- o Legal Photo I.D. (school identification, drivers' license, passport, military I.D.)
- o Current medical records, showing a clean bill of health and all required vaccinations
- o Letter from a Medical Professional stating how and why their patient would benefit from having an assistance dog.
- o Two letters of recommendation from (a) spouse, friend, or relative; and (b) teacher, employer, or military supervisor

Signature: _____

Date: _____