

**GENERAL INFORMATION**

Please PRINT/TYPE and complete ALL parts of this application. We are unable to process applications that are not complete and/or are illegible.

|   |   |                    |  |    |  |
|---|---|--------------------|--|----|--|
| <b>Applicant Name</b>                                     |   |                    |  |    |  |
| <b>Primary Telephone</b>                                  |   | <b>Secondary</b>   |  |    |  |
| <b>Email</b>  |   |                    |  |    |  |
| <b>Address</b>  |   |                    |  |    |  |
| <b>Apt / Unit #</b>                                       |   | <b>City</b>        |  |    |  |
| <b>Province</b>   |   | <b>Postal Code</b> |  |    |  |
| <b>Mailing Address</b><br>(if different from above)       |   |                    |  |    |  |
| <b>Apt / Unit #</b>                                       |   | <b>City</b>        |  |    |  |
| <b>Province</b>   |   | <b>Postal Code</b> |  |    |  |
| <b>Applicant's Date of Birth</b><br>(dd/mm/yyyy)          |   | <b>Height</b>      | ft   | in | <b>Weight</b> lbs  |
| <b>Language Selection</b><br>(check all that apply)       | <b>Spoken</b><br><input type="checkbox"/> English <input type="checkbox"/> French |                    | <b>Written</b><br><input type="checkbox"/> English <input type="checkbox"/> French |    | <b>Future Correspondence</b><br><input type="checkbox"/> English <input type="checkbox"/> French |
| <b>How did you hear about Dog Guides Canada?</b>          |   |                    |  |    |  |
| <b>Have you ever applied to Dog Guides Canada before?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No                          |                    |  |    |  |

**NOTE:** All future correspondence will occur electronically to the e-mail address you have provided above. If you require correspondence in a different format, please check this box and indicate what format you require:

|  |  |
|--|--|
| <input type="checkbox"/> <b>Other Correspondence</b> |  |
|--|--|

**HOUSEHOLD INFORMATION**

|   |  |
|---|--|
| <b>What are your current living arrangements?</b> | <input type="checkbox"/> With Family <input type="checkbox"/> Independently <input type="checkbox"/> Group Housing |
|   | <input type="checkbox"/> Other (Specify) _____   |

Please complete information for all persons living in your household:

| Name | Relationship | Age | Occupation | Dog Allergies | Disabilities | Dog Experience           |   |                          |   |
|------|--------------|-----|------------|---------------|--------------|--------------------------|---|--------------------------|---|
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |
|      |              |     |            |               |              | <input type="checkbox"/> | Y | <input type="checkbox"/> | N |

**HOME SETTING**

|   |   |
|---|---|
| <b>Type of home (i.e. condo/apt/town/etc.)</b>  |   |
| <b>Do you have a fenced yard?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>If not already fenced, would you be able to fence an area?</b>                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>If “No,” please describe how you would accommodate the dog’s toileting and exercise needs?</b> |   |
|   |   |
| <b>What type of area do you live in?</b>  | <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural |
| <b>Are the streets around your home (check all that apply)</b>                                    | <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Combo   |
| <b>Are the sidewalks around your home (check all that apply)</b>                                  | <input type="checkbox"/> Paved <input type="checkbox"/> Gravel <input type="checkbox"/> Combo   |

**TRANSPORTATION**

|   |  |
|---|--|
| <b>Please check if you <u>consistently</u> use the following forms of transport</b> (Check all required options)  |  |
| <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane |  |
| <b>Please check if you <u>occasionally</u> use the following forms of transport</b> (Check all required options)  |  |
| <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Subway <input type="checkbox"/> Car/Van <input type="checkbox"/> Taxi <input type="checkbox"/> Plane |  |
| <input type="checkbox"/> Adapted Vehicle (describe)   |  |
| <input type="checkbox"/> Do not use any motorized form of transportation  |  |

**ORIENTATION AND MOBILITY**

|   |  |  |                          |
|---|--|--|--------------------------|
| <b>Please list all assistive devices that you use</b>             |  |  |                          |
|   |  |  |                          |
| <b>Have you had Orientation and Mobility training?</b>            |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>If yes, how long?</b> |
| <b>Instructor's Name</b>  |  | <b>Telephone</b>   |                          |
| <b>What means of mobility do you use?</b>                         | <input type="checkbox"/> Sighted Guide <input type="checkbox"/> White Cane <input type="checkbox"/> Dog Guide <input type="checkbox"/> Other |  |                          |
| <b>How far can you walk?</b>                                      |  | <b>How many times a day?</b>                             |                          |
| <b>Can you walk up/down stairs?</b>                               |  | <b>Can you walk up/down hills?</b>                       |                          |
| <b>Do you cross streets without assistance from other people?</b> |  |  |                          |

**PET AND DOG OWNERSHIP**

| Please list all pets that are currently in your home |                |             |      |
|--|----------------|-------------|------|
| Animal Type (dog/cat/bird/etc.)                      | Breed (if dog) | Age (years) | Name |
|  |                |             |      |
|  |                |             |      |
|  |                |             |      |
|  |                |             |      |

| Please list all dogs that you have had in the past |             |       |             |
|--|-------------|-------|-------------|
| Breed  | Years Lived | Breed | Years Lived |
|  |             |       |             |
|  |             |       |             |

|   |  |  |  |
|---|--|--|--|
| Have you had a dog guide in the past?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Number of years in service?   |  |  |  |
| If Yes, where was it trained?   |  |  |  |
| May we contact this school?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Telephone  |  |
| Reason for retirement?  |  |  |  |
| Have you ever been or are you subject to a court order banning you from the ownership of any animal(s)? |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**SCHOOL DETAILS** (if applicable)

|  |          |   |          |                    |  |
|--|----------|---|----------|--------------------|--|
| <b>What type of schooling does the applicant attend?</b> |          | <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> University |          |                    |  |
| <b>Full Time</b>   | hrs/week | <b>Part Time</b>  | hrs/week |                    |  |
| <b>If attending school, please indicate grade/year</b>   |          |   |          |                    |  |
| <b>Name of School</b>                                    |          |   |          |                    |  |
| <b>Address</b>   |          |   |          |                    |  |
| <b>City</b>  |          | <b>Province</b>   |          | <b>Postal Code</b> |  |

**EMPLOYMENT DETAILS** (if applicable)

|  |          |                  |          |                    |  |
|--|----------|------------------|----------|--------------------|--|
| <b>Name of Employer</b>  |          |                  |          |                    |  |
| <b>Occupation</b>  |          |                  |          |                    |  |
| <b>Full Time</b>   | hrs/week | <b>Part Time</b> | hrs/week |                    |  |
| <b>Describe the setting</b> (downtown, highrise, shopping mall, etc.)  |          |                  |          |                    |  |
| <b>Address</b>   |          |                  |          |                    |  |
| <b>City</b>  |          | <b>Province</b>  |          | <b>Postal Code</b> |  |
| <b>Please name and describe anything at your workplace that may pose a hazard to a dog's health or well-being</b> (loud machinery, odours, fluids, high frequency noises, etc.). |          |                  |          |                    |  |
|  |          |                  |          |                    |  |

**BACKGROUND INFORMATION**

|  |  |
|--|--|
| <b>Please describe your activity level</b> (how often you leave the house, typical places you go, etc.): |  |
|  |  |
| <b>Please list your hobbies, interests and volunteer work:</b>   |  |
|  |  |
| <b>Based on your personal lifestyle, how many hours per day will the dog be left alone?</b>              |  |
| <b>Do you do any travelling where the dog would be expected to accompany you?</b>                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If Yes, explain</b>   |  |

|   |  |
|---|--|
| <b>Have you ever been convicted of a criminal offense?</b>      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If YES please list offense(s) and year(s) they occurred:</b> |  |
|   |  |

**DISABILITY INFORMATION**

|  |  |
|--|--|
| <b>Reason for Vision Loss</b>  |  |
|  |  |
| <b>Cause (if applicable)</b>   |  |
| <b>If injured by an accident, do you have/received an insurance settlement(s)?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No                   |
| <b>How long have you been disabled?</b>  |  |
| <b>Prognosis</b>   |  |
| <b>Describe Level of Hearing</b>   |  |
| <b>Quality of Speech (level/tone)</b>  |  |
| <b>Other Disabilities</b>  | <input type="checkbox"/> None <input type="checkbox"/> Impaired (describe) |
|  |  |

|  |
|--|
| <b>Do you have problems with any of the following (check all that apply)</b>   |
| <input type="checkbox"/> Balance <input type="checkbox"/> Reaction Time <input type="checkbox"/> Cold Sensitivity <input type="checkbox"/> Long Term Memory Loss <input type="checkbox"/> Depression<br><input type="checkbox"/> Anxiety <input type="checkbox"/> Heat Sensitivity <input type="checkbox"/> Short Term Memory Loss <input type="checkbox"/> Chronic Pain |
| <input type="checkbox"/> Allergies (specify)   |
| <input type="checkbox"/> Other (specify)   |

**MEDICATIONS**

| <b>List all medications, prescription and non-prescription, that you are presently taking:</b> |                   |               |                  |                                 |
|--|-------------------|---------------|------------------|---------------------------------|
| <b>Drug</b>  | <b>Prescribed</b> | <b>Dosage</b> | <b>How Often</b> | <b>Treating What Condition?</b> |
|  |                   |               |                  |                                 |
|  |                   |               |                  |                                 |
|  |                   |               |                  |                                 |
|  |                   |               |                  |                                 |

**CHARACTER REFERENCES**

We require the names **AND** addresses including postal codes of two people, not relatives and your current veterinarian (if applicable) whom we can contact for character references.

**THIS INFORMATION** must be complete in order to process your application.

Please inform these individuals listed that they will be contacted.

|                                  |  |                 |  |                    |                         |
|----------------------------------|--|-----------------|--|--------------------|-------------------------|
| <b>Reference #1 Name</b>         |  |                 |  |                    |                         |
| <b>Address</b>                   |  |                 |  |                    | <b>Apt #<br/>Unit #</b> |
| <b>City</b>                      |  | <b>Province</b> |  | <b>Postal Code</b> |                         |
| <b>Contact Email / Telephone</b> |  |                 |  |                    |                         |
| <b>Reference #2 Name</b>         |  |                 |  |                    |                         |
| <b>Address</b>                   |  |                 |  |                    | <b>Apt #<br/>Unit #</b> |
| <b>City</b>                      |  | <b>Province</b> |  | <b>Postal Code</b> |                         |
| <b>Contact Email / Telephone</b> |  |                 |  |                    |                         |
| <b>Veterinarian Name</b>         |  |                 |  |                    |                         |
| <b>Address</b>                   |  |                 |  |                    | <b>Apt #<br/>Unit #</b> |
| <b>City</b>                      |  | <b>Province</b> |  | <b>Postal Code</b> |                         |
| <b>Contact Email / Telephone</b> |  |                 |  |                    |                         |

**CONTACT PERSON INFORMATION**

Name of contact person in case we are unable to reach you.

|                     |  |                       |  |
|---------------------|--|-----------------------|--|
| <b>Contact Name</b> |  | <b>Home Telephone</b> |  |
| <b>Relationship</b> |  |                       |  |

**In order to submit a complete application, please ensure that you have included the following:**

- Completed Application Form
- Completed Medical Report Form from your physician
- Report from your Ophthalmologist within the last 12 months.



## DATA PROCESSING AND RELEASE STATEMENT

During your request for services we may need to contact or share information with other professionals involved in your care.

Dog Guides Canada respects your privacy. We protect your personal information and adhere to all legislative requirements in protecting privacy. We do not rent, sell or trade our mailing lists. We use your personal information to provide services to keep you informed and up-to-date on our activities. If at any time you wish to be removed from any of our mailings, simply contact us:

By phone at 1 (800) 768-3030, or (905) 842-2891

By email [info@dogguides.com](mailto:info@dogguides.com)

## RESPONSIBILITIES AND EXPECTATIONS

Dog Guides Canada has a code of conduct which sets out the standards of behaviour we expect from our staff. We also expect a similar level of courtesy from clients and have put together a short list of examples to demonstrate these standards:

- Mutual respect and courtesy
- Commitment and cooperation
- Patience and understanding, particularly when progress is slow and/or difficult
- Behaviour which is neither abusive nor threatening
- Behaviour which is tolerant and non-discriminatory

It is the responsibility of all clients and staff to report any failure to comply with this code of conduct. All such complaints will be viewed seriously and could result in either internal disciplinary action or the withdrawal of services.

## PLEASE READ CAREFULLY BEFORE SIGNING

There are legal, moral and financial obligations involved with having a Dog Guide. Dog Guide teams are “ambassadors” who, through their actions, allow people to accept and welcome the presence of Dog Guides in public places. Your Dog Guide, as your partner and extension of your being, must work well, be well behaved, well-groomed and healthy.

Dog Guides are very special canines but they are still dogs and they must be cared for daily. They require relief several times daily in all kinds of weather and these relief areas must be cleaned immediately. They require time and effort daily for food and water, warmth, grooming, obedience training, skill training, play, and work.

Dog Guides incur expenses – e.g. feeding, annual vaccinations, medical tests as advised and twice yearly check-ups by a veterinarian. Veterinarian visits could be more often should a condition or illness warrant a professional. Check with a veterinary clinic in your area to determine costs and expenses you can expect for routine and emergency visits.

Dog Guides require a commitment in return for all of the wonderful, new and exciting experiences that you will experience as a team. Dog Guides require basic respect, praise for a job well done, discipline, love and creature comforts in order to be well adjusted, loyal, responsible, willing and healthy to lead you to untold freedom and independence.

From the time that we receive your application, all information will be kept confidential. As the applicant, you should understand that due to limited resources Dog Guides Canada will prioritize applicants and acceptance will be based on a review by the Dogs Guides Canada Application Committee. If in our assessment any of the information supplied on the application inaccurately represents your ability to care for and use the services of a Dog Guide, Dogs Guides Canada has the absolute discretion to cancel this agreement and any future agreements.

You are further advised that if accepted into the program, the training may be terminated at any point if it is felt that it affects the health and safety of the applicant.

You are further advised that Dogs Guides Canada assumes no liability in case of accident during the training program, upon graduation or during the time you are a working Dog Guide team. This includes liability for the agency, employees, and volunteers.

During your stay in residence at the training centre, the student and the Dog Guide train together and begin to establish the bond that is necessary for a team to succeed. A good year of adjustment can be expected before the client and Dog Guide work together as a team.

Mandatory follow-up contact and communication between the graduate and Dogs Guides Canada training staff is maintained to ensure ongoing success. Dog Guide and obedience training must be maintained throughout the dog's working career.

All family members must obey instructions given by the trainer as to their contact with the Dog Guide and its management. Failure to follow instructions may result in the dog being returned to the training centre. It must be understood that a Dog Guide is a working dog, not a pet. Children and other people are not to interfere when the dog is in harness.

Our dogs are not trained to be guard dogs or attack dogs.

A Dog Guide is a valuable, trained dog and is not allowed to run loose. The dog must always be on leash.

Having a Dog Guide is a legal, moral and financial commitment for the life of the dog, which is about 10-12 years. Careful consideration must be given before accepting the responsibilities of a Dog Guide.

No applicant or graduate is required to participate in fund raising or public relations activities without their expressed and voluntary permission.

Dogs Guides Canada remains the legal owner of the Dog Guide. If proper procedure is not followed, Dog Guides Canada has the right to remove the dog.

By signing/typing name below, I agree that Dog Guides Canada may disclose my personal information (including health details) to assist in assessing and formulating a service delivery plan for me. I am obliged to contact Dog Guides Canada and inform them if there are any changes in my personal circumstances. I have completed the above application with the correct information and I understand that any false information or omission of information may delay and/or void my application to Dog Guides Canada. I have read and agree to the information listed in the **Data Processing and Release Statement.**

---

Applicant Signature

---

Date

---

Signature of Parent/Legal Guardian,  
or Power of Attorney

---

Date

---

Witness (name)

---

Date

**LANDLORD/PROPERTY MANAGEMENT COMPANY**

This letter acknowledges that I am aware of the fact that

---

Resident

is applying to Dog Guides Canada, and that I understand that a Dog Guide has the legal right to accompany the handler in all places available to the public. This includes but is not limited to: residential housing, places of employment and access to goods and services. By signing this form, I am aware that the above mentioned person may obtain a Dog Guide from Dog Guides Canada.

|              |  |  |  |
|--------------|--|--|--|
| <b>Name</b>  |  |  |  |
| <b>Title</b> |  |  |  |

---

Signature

---

Date

|                              |  |                 |               |                    |
|------------------------------|--|-----------------|---------------|--------------------|
| <b>Company/Facility Name</b> |  |                 |               |                    |
| <b>Address</b>               |  |                 | <b>Unit #</b> |                    |
| <b>City</b>                  |  | <b>Province</b> |               | <b>Postal Code</b> |
| <b>Telephone</b>             |  |                 |               |                    |
| <b>Email</b>                 |  |                 |               |                    |

**EMPLOYER/EDUCATION FACILITY**

This letter acknowledges that I am aware of the fact that

\_\_\_\_\_  
Employee

is applying to Dog Guides Canada, and that I understand that a Dog Guide has the legal right to accompany the handler in all places available to the public. This includes but is not limited to: residential housing, places of employment and access to goods and services. By signing this form, I am aware that the above mentioned person may obtain a Dog Guide from Dog Guides Canada.

|              |  |  |  |
|--------------|--|--|--|
| <b>Name</b>  |  |  |  |
| <b>Title</b> |  |  |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|                              |           |                 |               |                    |
|------------------------------|-----------|-----------------|---------------|--------------------|
| <b>Company/Facility Name</b> |           |                 |               |                    |
| <b>Address</b>               |           |                 | <b>Unit #</b> |                    |
| <b>City</b>                  |           | <b>Province</b> |               | <b>Postal Code</b> |
| <b>Telephone</b>             | (       ) |                 |               |                    |
| <b>Email</b>                 |           |                 |               |                    |

**FILMING RELEASE**

I hereby agree that Lions Foundation of Canada and Dog Guides Canada may film and photograph my in-home assessment to assist in determining my eligibility, my needs, and with the dog matching process. This information will be used solely by Lions Foundation Canada and Dog Guides Canada for internal purposes only.

|             |  |
|-------------|--|
| <b>Name</b> |  |
|-------------|--|

\_\_\_\_\_  
Signature Date

|                     |  |
|---------------------|--|
| <b>Witness Name</b> |  |
|---------------------|--|

\_\_\_\_\_  
Signature Date