

**To be completed by Physician**

**GENERAL INFORMATION**

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

<b>Applicant Name</b>		<b>Date</b>	
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Please release to Dog Guides Canada information regarding my health. This information will only be used to evaluate my situation in making a successful canine placement and will be respected by Dog Guides Canada as confidential medical information.

Applicant's Signature	Date
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Signature of Parent/Legal Guardian or Power of Attorney	Date
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**PLEASE PRINT LEGIBLY OR TYPE OR STAMP BELOW**

<b>Physician's Name</b>					
<b>Physician's Specialty</b>					
<b>Address</b>				<b>Unit #</b>	
<b>City</b>		<b>Province</b>		<b>Postal Code</b>	
<b>Telephone</b>					

**MEDICAL INFORMATION**

Diagnosis of patient's disability.

<b>Primary disability</b>	
<b>Describe disability</b>	
<b>Secondary disability</b>	
<b>Describe disability</b>	
<b>Please explain limitations and any additional pertinent information. Initially training with the Dog Guide will require up to five hours per day, and maintaining the training at home will require effort. The individual may have to exert themselves both physically and mentally. Please explain any limitations and additional relevant information.</b>	



**ACTIVITIES OF DAILY LIVING (ADL)**

<b>DOES YOUR PATIENT...</b>	<b>1 = Low 10 = High</b>
<b>Exercise judgement and make decisions necessary for ADL?</b>	
<b>Have sufficient perception and memory to sustain for ADL?</b>	
<b>Have the ability to follow directions to learn necessary for ADL?</b>	
<b>Have the ability to make decisions for own or others needs and safety?</b>	

**Prognosis and effect of the condition on the individuals ability to perform Activities of Daily Living (ADL).**

**Additional comments regarding any other medical information and suitability for a Dog Guide**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date