



## Brigadoon Service Dog Applicant Requirements

Brigadoon Service Dogs can consider your application for a service dog when your application is complete, and you meet the following requirements:

1. Applicant must complete the Brigadoon Service Dog Application packet as provided. Applicant must include **ALL** items where applicable;

### **Everyone Must Submit:**

-  **A \$250.00 non-refundable application fee**
-  **A Service Dog Program Application**
-  **An Applicant Medical History Form completed by your Primary Care Provider (PCP)**
-  **Freedom of Information Form**
-  **A Current Photo**
-  **A personal letter of reference:** from a friend, teacher, or someone other than a family member
-  **A professional letter of reference:** from a therapist, social worker, teacher or any other professional with whom you have contact.

### **Additional Requirements For:**

#### **Autistic Applicants:**

-  **Autism application:** if the child or adult has a primary or a secondary diagnosis of autism – please fill out and include it to your packet, in addition to your service dog application.

#### **Veteran Applicants:**

-  **Your DD Form 214, Certificate of Release or Discharge from Active Duty**
-  **VA Benefit Summary Letter** (this is from your eBenefits Account; this letter must include: recent periods of military service, number of service-connected disabilities, combined service-connected evaluation, if considered totally and permanently disabled due solely to your service-connected disabilities; if your letter does not contain these items, the application will not be accepted).  
\*Veterans – Please note that for you to qualify for the Veteran Program, your disability must have been during your military service. If you are a veteran and your disability is not service related, you will be under the civilian category.

2. There are some age requirements for a service dog from Brigadoon Service Dogs. A parent can submit an application for a child of 3 years old; however, age 5 is when we accept children. (Because of the wait time, this is in the favor of the parents and child to submit sooner.) If young children are applying for a dog, they must be under the supervision of a responsible adult and all care and public access testing will be



completed by the responsible adult. If older than 70 years of age, please inquire as this is done on a case by case base.

3. The applicant must demonstrate the ability to care for the dog or have someone to do it for them.
4. Applicant must demonstrate how they would benefit from having an assistance dog.
5. The dog must receive a high quality of life.
6. The applicant or their responsible adult is expected to contribute to the cost of the dog or take an active part in fundraising efforts toward the cost of their dog to the best of their ability.
7. We do ask you to raise \$10,000.00 toward the cost of the dog if you are a civilian and \$1000.00 if you are a veteran.
8. Once the completed application is received, reviewed and accepted by our staff, you will be contacted to set up an interview(s) either at Brigadoon and your home or both at your home. The purpose of these meetings are to review the application with you, answer any questions that you might have, and learn more about your personality, home, and lifestyle so that we can match a dog to your specific needs and requirements.
9. When we find a dog or dogs that we feel will match your personality, lifestyle and are able to perform all of the tasks required to assist you, you will be asked to come in and meet one or more dogs. We will be looking for a connection between you and the dog.
10. After a match has been made and the dog's training is complete, you will be required to attend 12 days of team training.
11. When team training is complete, you and the dog must take a public access test. If you pass, the dog goes home with you. After this, you are required to take additional tests at 6 months and annually and must be able to travel back to Bellingham.
12. All applicants must live on the West Coast of the U.S./Canada.

### **SOME THINGS TO THINK ABOUT AND QUESTIONS TO ANSWER FOR YOURSELF, YOUR FAMILY AND FRIENDS.**

People are always astounded with the skills of a service dog, but as with all dog training it takes patience, persistence, dedication and consistency on the part of the handler. A dog is not the answer for everyone, so please consider the following carefully before applying for a service dog.

A number of considerations need to be taken into account before owning a dog. Please feel free to call us at Brigadoon to get an answer to ANY questions that may arise while you are working on your application for a service dog. We can be reached at (360) 733-5388 and we will do our best to answer your questions. Take the time to consider each of the following topics and questions that have been designed to help you consider issues that you may not have thought about. We do not intend this to discourage you from applying, but we do strongly suggest that you consider these issues and how they would affect you. If you honestly decide that the benefits of having a dog outweigh the challenges, then we welcome your application and will be happy to speak with you further.



### ***Can you afford the long term commitment?***

When you are matched and are at Team Training, you will sign a contract. Compliance of that contract will be for the duration of you having that Service Dog. One section states that you must provide love, shelter, food, grooming, pet insurance and proper veterinary care throughout your lives together. Roughly, you could be paying around \$250.00 a month for your dog.

- 🐾 Veterinary Visits – Schedule is deemed by your veterinarian, but no less than annually
- 🐾 Pet Insurance – Can you afford the cost of paying premiums each month?
- 🐾 Our dogs are fed high quality dog food, such as Natural Balance. Can you afford to continue this?
- 🐾 If you have a dog that needs regular grooming appointment, would you be able to afford this? Grooming includes: bathing, ear cleaning, and toe nail clipping. If your dog does not require going to the groomers, are you comfortable performing the grooming yourself? Clipping nails?
- 🐾 Every month, your dog will need to have flea/deworming medicine. Will you be able to afford that monthly cost?

### ***Can I live with a dog?***

Living with a dog involves some not so pleasant tasks. If you are fanatical about cleanliness then think about the following.

- 🐾 Who is going to pick up pooh and wipe up after accidents, both at home and out on walks?
- 🐾 Most dogs lose hair, who will do the housekeeping?
- 🐾 How will you deal with injuries?
- 🐾 Slobber on your clothes...can you deal with this?

### ***Do you have the time and energy?***

The dog arrives well trained and well socialized, however, you need to practice skills and reinforce behaviors with a dog every day. It will be your responsibility to continue the training that we started to maintain the high standards of your dog being able to assist you.

- 🐾 Can you set aside 10-12 days for initial training with a service dog?
- 🐾 Can you contribute the physical and mental energy required in the first 6-12 months?
- 🐾 Will you have the time and energy to exercise and work with a service dog for its whole working life (8-10 years)?
- 🐾 Can you manage the extra physical exertion/strain you will need to expend when having a dog?
- 🐾 Are you comfortable in busy environments?
- 🐾 Do you like to talk to people you don't know?
- 🐾 A service dog will draw unsolicited attention to you. Will you be able to cope with this?

### ***Is it the right time for you?***

The first year requires a great deal of effort and you will need to make sure that you have dedicated time to develop your skills, the dog's skills and the bond and communication between you.

- 🐾 What demands do you have on your time over the next 12-18 months?
- 🐾 Do you have the time to commit to working with a new dog?



### ***Are your expectations realistic?***

Living with a service dog can be a life-changing experience with many advantages, however, as with any partnership, it does not happen overnight. To reap the rewards there will be some challenges and frustrations to overcome. You will have to make some changes to accommodate your new dog, so please consider:

- 🐾 Have you ever lived with small children and seen first-hand the level of supervision they require? Dogs do also.
- 🐾 Can you plan and think ahead in order to avoid problems?
- 🐾 Are you prepared to take on the role of "leader" with all the responsibilities that entails?
- 🐾 Have you considered the extra time it will take just to get out your front door? (e.g., making sure the dog is tidy, putting the lead and jacket on, and ensuring the dog has gone to the toilet.)

### ***How will having a dog affect friends and family?***

- 🐾 How will the other people in your life feel about having a dog around constantly?
- 🐾 Will there be problems with people at work?
- 🐾 What areas of life may be affected positively or negatively?
- 🐾 Will you have to negotiate access for the dog in particular groups or environments?
- 🐾 Will friends and family understand accept and adhere to rules about limited interaction with a service dog both in your home and out and about?

### ***Are my current living arrangements suitable?***

Think about the possible modifications you may need to make:

- 🐾 Is your current housing suitable and safe for a dog?
- 🐾 Will the dog have enough room to exercise and toilet safely?
- 🐾 Are you or someone else prepared to exercise the dog in inclement weather?
- 🐾 Are there others who can be relied upon to help with the dog if needed?
- 🐾 What if you are ill – who will take care of the dog?

4759 Mission Road  
Bellingham, WA 98226  
360-733-5388  
info@brigadoondogs.org



# BRIGADOON SERVICE DOGS

*“Offering a Helping Paw”*

4759 Mission Rd. Bellingham,  
WA 98226 (360) 733-5388  
[www.brigadoondogs.org](http://www.brigadoondogs.org)  
[info@brigadoondogs.org](mailto:info@brigadoondogs.org)

## Service Dog Program Application

1. Are you a Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. If yes, is your primary disability a result of your military service? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has anyone in your household ever been convicted of animal abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_

Application Date: \_\_\_\_\_

Name \_\_\_\_\_ Gender: \_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_



What type of assistance dog are you looking for?

Service  Guide  Hearing  Social/Therapy  Seizure Alert  Other

What would you like your service dog to do for you? Why?

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Primary Disability: \_\_\_\_\_ Age at Diagnosis: \_\_\_\_\_

Cause of Disability (if known) \_\_\_\_\_

Secondary Disability/Medical Conditions \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Gender \_\_\_\_\_

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 \_\_\_\_\_

If you have an attendant, for how many hours each week? \_\_\_\_\_

Please list any medications you are currently taking (may attach a separately): \_\_\_\_\_

Type of Housing?  House  Apartment  Dorm  Other \_\_\_\_\_

Your living situation has  a fenced yard  an enclosed area  neither

Do you live with children or have children who visit regularly?  Yes  No

How many children? \_\_\_\_\_ What are their ages? \_\_\_\_\_



Are you able to travel to Brigadoon Service Dogs office for your interview?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check each of the following using these number descriptions:  
0 = non-applicable 1 = mild 2 = moderate 3 = severe**

1. Motor impairments

- Weakness
- Coordination
- Spasticity
- Other

2. Sensory impairments

- Vision
- Hearing
- Loss of sensation

3. Cognitive impairments

- Attention
- Memory
- Problem solving
- Judgment

4. Assistive devices (all that apply)

- Manual wheelchair
- Power wheelchair/scooter
- Walker
- Crutches
- Cane
- Orthosis
- Prosthesis
- Hearing aid

5. Psychological/behavioral descriptions

- Depressed
- Difficulties managing stress
- Impulsive
- Inappropriate

6. Communication impairments

- Comprehension
- Expression

7. Additional conditions:

- Cardiovascular disease
- Respiratory disease
- Diabetes
- Seizure disorder
- Chronic pain
- Neurogenic bladder
- Neurogenic bowel
- Other



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

<p><b>No helper</b>          7 Complete independence (timely, safely)          6 Modified independence (device)</p> <p><b>Helper-modified independence</b>          5 Supervision          4 Minimal assistance (you can perform 75% of activity)          3 Moderate assistance (you can perform 50% of activity)</p> <p><b>Helper-complete dependence</b>          2 Maximal assistance (you can perform 25% of activity)          1 Total assistance (you can perform 0% of activity)</p>
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1. Self-Care
- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Eating   | <input type="checkbox"/> Dressing-lower body |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Dressing-upper body |
| <input type="checkbox"/> Bathing  | <input type="checkbox"/> Toileting           |

- |   |  |
|---|--|
| 2. Sphincter Control                        | 3. Transfers                               |
| <input type="checkbox"/> Bladder management | <input type="checkbox"/> Chair, wheelchair |
| <input type="checkbox"/> Bowel management   | <input type="checkbox"/> Toilet            |
|   | <input type="checkbox"/> Tub, shower       |

4. Locomotion
- Walk/wheelchair (check below which of the following applies)  
 Walk\_\_\_\_ Wheelchair \_\_\_\_ Combination\_\_\_\_
- Stairs

- 1 . Can you (circle all that apply):
- |                                 |                   |                   |                    |                   |
|---------------------------------|-------------------|-------------------|--------------------|-------------------|
| A. Pick up items off the floor? | <b>Always</b>     | <b>Often</b>      | <b>Sometimes</b>   | <b>Never</b>      |
| B. Pick up items off the floor? | <b>Always</b>     | <b>Often</b>      | <b>Sometimes</b>   | <b>Never</b>      |
| C. Push elevator buttons?       | <b>Always</b>     | <b>Often</b>      | <b>Sometimes</b>   | <b>Never</b>      |
| D. Turn lights on and off?      | <b>Always</b>     | <b>Often</b>      | <b>Sometimes</b>   | <b>Never</b>      |
| E. Push a manual wheelchair?    | <b>Always</b>     | <b>Often</b>      | <b>Sometimes</b>   | <b>Never</b>      |
| F. Flex your wrist?             | <b>Left wrist</b> |                   | <b>Right Wrist</b> | <b>Neither</b>    |
| G. Make a fist?                 | <b>Left hand</b>  | <b>Right Hand</b> | <b>Weakly</b>      | <b>Not at all</b> |

2. Do you (circle all that apply):
- A. Use a: **Manual Chair** **Electric Chair**  **Scooter**  **Walker/ Crutches**
- B. Transfer by: **Standing** **Pivoting** **Slide Board** **With help** **Other**
- C. Is your speech: **Clear-rapid** **Clear-slow** **Slurred** **Difficult to understand**



D. Communicate best by:

**Voice Letter Board-Interpreter Other**

E. Walk: **Short distances Only with support On level ground Cannot**

F. Lift your arms: **Above your head To your shoulders Only slightly**

G. Exercise:

**Regularly Often Sometimes Infrequently Never**

3. Is your:

A. Voice:	Loud	Average	Soft	
B. Lung Capacity:	Normal	Somewhat limited	Very limited	
C. Hearing:	Normal	Somewhat limited	Very limited	Deaf
D. Balance:	Excellent	Good	Fair	Poor
E. Endurance:	Excellent	Good	Fair	Poor
F. Mobility:	Excellent	Good	Fair	Poor
G. Physical strength:	Excellent	Good	Fair	Poor
H. Speed of reaction:	Excellent	Good	Fair	Poor
I. Vision (with correction):	Excellent	Good	Fair	Poor

4. Are you:

A. Extra sensitive to heat?	Always	Often	Sometimes	Never
B. Extra sensitive to cold?	Always	Often	Sometimes	Never
C. Extra sensitive to pain?	Always	Often	Sometimes	Never
D. Socially active?	Always	Often	Sometimes	Never

5. Do you (Check all that apply and indicate the number of hours/week)

- Work/volunteer outside the home \_\_\_\_\_
- Work/volunteer from/at home \_\_\_\_\_
- Attend school \_\_\_\_\_
- Shop—groceries, clothes, etc. \_\_\_\_\_
- Formally exercise \_\_\_\_\_
- Engage in recreation/entertainment outside the home \_\_\_\_\_

6. Please describe your home life, social activities, hobbies, and lifestyle in general.

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7. Do you belong to any clubs, groups, or organizations? Which ones?

8. Does your current living situation have (check all that applies):

Animals in the household?

Dogs?: \_\_\_\_\_ Breeds?: \_\_\_\_\_ How many?: \_\_\_\_\_

Cats?: \_\_\_\_\_ How many?: \_\_\_\_\_

Other?: \_\_\_\_\_

A fenced yard?

Enclosed outside area?

Park or yard nearby?

Neighbors in close proximity?

Busy streets nearby?

Neighborhood dogs running loose?

9. Which of the following words **best** describes the dog you would **like** to have (check all that apply):

communicative  manipulative  no-nonsense  responsible

confident  calm  attentive  smart

serious  fearful  friendly  joking

indifferent  distracted  slow  playful

sensible  stubborn  willing  energetic

resistant  dependable  stable  protective

sweet  easy-going  jealous  happy

assertive  devoted  submissive  independent

loving  trusting  excitable  dependent

foolish

10. Which of the following words **best** describes the dog you would **definitely not want** (check all that apply):

communicative  manipulative  no-nonsense  responsible

confident  calm  attentive  smart

serious  fearful  friendly  joking

indifferent  distracted  slow  playful

sensible  stubborn  willing  energetic



- resistant                       dependable                       stable                       protective
- sweet                               easy-going                       jealous                       happy
- assertive                       devoted                       submissive                       independent
- loving                               trusting                       excitable                       dependent
- foolish

11. Are you the kind of person who:

	Never	Rarely	Sometimes	Often	Always
Enjoys people contact? -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is a risk taker? -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Easily expresses emotions? -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Likes to be in charge?-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is easily bored with people? -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Is determined to accomplish goals?-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12. Rate yourself in the following areas:

	Never	Rarely	Sometimes	Often	Always
Assertive -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Self-confident -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to respond rationally to crisis-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to accept criticism/correction-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Willing to learn new concept (even if different from previous beliefs)-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to laugh at self -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Personal shyness -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sensitive to other people's emotions-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Personal exuberance -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to be responsible -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ability to control feelings/emotions-----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Desire to please others -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Creative -----	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



13. Do you have any specific learning disabilities?

If yes, please describe.

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14. Please describe how you will handle the following areas of dog care:

- Feeding \_\_\_\_\_
- Grooming \_\_\_\_\_
- Toileting \_\_\_\_\_
- Vet care \_\_\_\_\_
- Financial \_\_\_\_\_
- Pet Insurance \_\_\_\_\_

15. Please describe how you will handle the following areas of dog care:

- If you are hospitalized \_\_\_\_\_
- Flea problems \_\_\_\_\_
- Family, friend involvement \_\_\_\_\_
- Access issues \_\_\_\_\_
- Dog behavior problems \_\_\_\_\_

**16. Service Dog Training Program – Team Training**

A. What specific difficulties might you have with a physically rigorous, emotionally demanding training program?

B. What modifications can you make to accommodate this training?



C. What modifications must the training program make to accommodate your specific difficulties?

D. How will you handle costs and time required to attend the class?

Do you currently receive any government benefits?

If yes, please identify:

SSI

Veterans

Rehab

Other

18. Please check the highest level of formal education completed:

Elementary School

Junior High

High School

Community/Junior College Classes

Technical Degree/Certificate

AA/AS Degree

BA/BS Degree

Master's Degree

Doctorate



*The information on the 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 \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature Date



## Medical History Form

This form is to be completed by your physician and sent together with your other application materials to Brigadoon Service Dogs.

<b>Doctor's Name</b>	
Type of Practice	
Street Address	
City, State, Zip	
Phone	
E-Mail	

### Patient Information:

What is the patient's primary disability?	
What was the cause?	
Are there significant secondary disabilities?	
If so, please describe:	
At what age were they disabled?	
Is this disability progressive?	
Is their incapacity due to or affected by alcohol or drug abuse?	

### What are the effects of this disability? (Please check all that apply):

<input type="checkbox"/>	Comprehension	<input type="checkbox"/>	Expression
<input type="checkbox"/>	Attention	<input type="checkbox"/>	Problem Solving



<input type="checkbox"/>	Loss of Sensation	<input type="checkbox"/>	Weakness
<input type="checkbox"/>	Deafness	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Reduced Stamina	<input type="checkbox"/>	Hearing Loss
<input type="checkbox"/>	Coordination Problems	<input type="checkbox"/>	Limited Mobility
<input type="checkbox"/>	Memory Loss	<input type="checkbox"/>	Spasticity
<input type="checkbox"/>	Slowed Development	<input type="checkbox"/>	Vision Impairment
<input type="checkbox"/>	Muscular Weakness	<input type="checkbox"/>	Other -

**Does patient have any of the following problems? (Please check all that apply):**

<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Chronic Pain
<input type="checkbox"/>	Heightened Emotions	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Skin Sensitivity
<input type="checkbox"/>	Balance	<input type="checkbox"/>	Brittle Bones
<input type="checkbox"/>	Heat/Cold Sensitivity	<input type="checkbox"/>	Difficulties Managing Stress
<input type="checkbox"/>	Inappropriate Behavior	<input type="checkbox"/>	Cardiovascular Disease
<input type="checkbox"/>	Respiratory Disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Neurogenic Bladder	<input type="checkbox"/>	Neurogenic Bowel
<input type="checkbox"/>	Other:		

**Check all the patient is able to do:**

<input type="checkbox"/>	Eat by themself	<input type="checkbox"/>	Bathe themself
<input type="checkbox"/>	Dress upper body	<input type="checkbox"/>	Dress lower body
<input type="checkbox"/>	Use the toilet themself	<input type="checkbox"/>	Groom themself
<input type="checkbox"/>	Walk by themself	<input type="checkbox"/>	Climb stairs
<input type="checkbox"/>	Operate wheelchair by themself	<input type="checkbox"/>	Transfer to/from wheelchair
<input type="checkbox"/>	Transfer to/from toilet	<input type="checkbox"/>	Transfer to/from tub/shower

**Does patient use an aid or assistive device?**



	Prosthesis		Leg brace
	Wheelchair (electric)		Wheelchair (manual)
	Wrist brace		Hearing Aid
	Crutch/cane		Walker
	Other:		

**Current number of attendant care hours per week:**

**Please identify Functional Independence Measure (FIM) level based on the following scale:**

(Circle One)

No Helper:

7 Complete Independence

6 Modified Independence (device)

Helper – Modified Independence

5 Supervision

4 Minimal assistance (subject = 75%+)

3 Moderate Assistance (subject = 50%+)

Helper – Complete Dependence

2 Maximal assistance (subject = 25%+)

1 Total assistance (subject = 0%+)

**Does patient...? (Please check all that apply):**

	Drive		Ride buses
	Travel distances on foot/wheels		Fly
	Get driven by others		Ride trains
	Other:		



## Activities of Daily Life (ADL)

**Is this patient:**

**Check Below:**

Able to exercise judgement and make decisions necessary for ADL?	Yes	Minimally	No
Able to sustain an attention span?	Yes	Minimally	No
Manifesting inappropriate behavior beyond their control?	Yes	Minimally	No
Able to control physical and motor movement sufficient to sustain ADL?	Yes	Minimally	No
Capable of perception and memory to the degree necessary to sustain ADL?	Yes	Minimally	No
Able to follow directions and learn to the degree necessary to sustain ADL?	Yes	Minimally	No
Under medication which impairs physical or mental functioning?	Yes	Minimally	No
Capable of decisions concerning self and others needs and safety?	Yes	Minimally	No

**Can you recommend this individual for an assistance dog?**

**Do you feel Brigadoon Service Dogs might benefit from a consultation with you?**

**Comments:**

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

\_\_\_\_\_  
**Date**



## Freedom of Information Form

Brigadoon Service Dogs can help to plan, provide and coordinate placement of an appropriate assistant dog with you if you give Brigadoon permission to contact family, professionals and agencies such as the following:

- Health Care Professionals
- Mental Health Professionals
- Chemical Dependency Professionals
- Housing Programs
- School Districts or Colleges

By signing this form, you are giving Brigadoon permission to discuss your needs such as:

- Family, social and employment history
- Health care information
- Individual assessments
- Treatment or care plans
- School, education and/or training

This consent is valid for six (6) months after placement of an assistance dog.

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Applicant/Representative

Date

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Brigadoon Service Dogs

Date



## Mental and Behavioral Health Questionnaire

<b>Veteran/Patient</b>	
<b>Mental Health Provider</b>	
<b>Qualifications/License</b>	
<b>Contact Information</b>	

Your patient/client has applied to Brigadoon Service dogs to be partnered with a service dog.

Service dogs are dogs that have been individually trained to perform a specific task for individuals who have disabilities. The disabilities can vary greatly, and so do the tasks that the service dogs perform. The Americans with Disabilities Act has a specific definition of a disability, and it states essentially that a disability is a physical or mental impairment that substantially limits one or more major life activities of such individuals.

1. Please state the role you fill for the applicant and describe the state of their mental health.
2. Please state their official DSM V diagnosis.
3. Do they have anger issues and if so, please indicate what strategies this applicant uses to manage their anger?
4. Is this applicant actively suicidal?
5. Do they pose a risk to self or others?
6. Do they use drugs or alcohol inappropriately?
7. Does this applicant have a family or support system that can provide this service dog team with assistance if needed?
8. Can you recommend this individual for a service dog? If no, what are your reservations?
9. Is there anything else you would like to add?

Thank you! Please return by mail at the address above or to [denise@brigadoondogs.org](mailto:denise@brigadoondogs.org)

Beyond this questionnaire, we do not anticipate involvement on your part. We welcome your interest in our work and thank you in advance for your assistance with this process.



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