

COMET CANINE
PRELIMINARY APPLICATION FOR A SERVICE DOG

Select one: Mr. ___ Mrs. _____ Ms. _____

Name (first/last/m.i.) _____

Address _____

City/State/Zip _____

Mailing Address (if different than above)

City/State/Zip _____

Home Phone Number _____

The **Best Phone Number** to Reach You During the Day _____

The **Best Time** to Reach You During the Day _____

Email address _____

Your age _____

Please briefly describe your physical disability. Include information about its onset and prognosis. _____

Briefly describe your physical limitations.

Please list any additional disabilities.

Please briefly explain why you want a Service Dog.

Which daily activities do you believe could be accomplished more efficiently and independently with the help of a Service Dog?

What is your primary mobility aid? (e.g., manual wheelchair, power wheelchair, cane)

Where do you independently travel locally?

Where do you independently travel nationally or internationally?

Please describe previous experience with a pet dog or Service Dog, if any.

Is there any other information you would like Comet Canine to consider?

How did you hear about Comet Canine?

Signature _____ Date _____

Printed Name _____

I understand that Comet Canine will need further information before my acceptance for a Service Dog and that completing this preliminary application places neither Comet Canine nor me under any obligation. Your request will be evaluated within 7 working days and you will be contacted by phone or mail.

Request for Information related to Medical, Physical Therapy, Vocational Rehabilitation, Occupational Therapy or Mental Health Information:

In order for Comet Canine to access any client information from professional organizations representing medical care, physical therapy, vocational rehabilitation, occupational therapy, and/or mental health, Comet Canine will require the client to sign a date limited release of information document. This information will be retained in locked Comet Canine office files. If the relationship with our client terminates for any reason, the files will be destroyed.

Comet Canine
1616 17th Street, suite 383
Denver, Colorado 80202
303.458.0240 office
303.433.5020 fax

Applicant Medical History Form

Applicant name: _____

Applicant address: _____

To the Applicant: Please sign the Release of Information below and submit this medical form to your physician or medical provider. When the information is completed, please submit the original signed document to Comet Canine at the address listed above. Thank you for your assistance in obtaining the medical information that will help Comet Canine evaluate your application for a Service Dog.

-Release of Information

To: Comet Canine _____

I, _____, consent to and authorize the release of written and/or verbal information regarding my medical condition to Comet Canine, a professional service dog training company. This information will only be used by Comet Canine to evaluate my application and determine my suitability for a Service Dog to assist me in daily living. Comet Canine will maintain the confidentiality of any information you provide and will destroy any written information if my application is not accepted.

Applicant's name: (please print) _____

Applicant's signature: _____

Date: _____

Comet Canine
1616 17th Street, suite 383
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Applicant Medical History Form

Your patient, _____, has requested a Service Dog from Comet Canine. Service dogs help persons with physical disabilities with daily living activities. These trained service dogs can perform the following tasks: retrieve dropped objects, turn lights on and off, open and close doors, pull off clothing, assist with walking and bracing and perform custom-trained skills that are specific to client's needs. Research also acknowledges the significant social bridge that develops when a disabled person acquires a service dog.

With your client's medical condition and the request for a service dog in mind, please provide the information below to help Comet Canine determine whether a Service Dog can support your patient's activities of daily living. These activities are described as ability to meet personal care needs as well as perform tasks necessary for independent living.

If we believe further clarification is necessary, we will contact you to discuss your client's medical suitability. Thank you very much for your time and assistance. If you would like to submit additional supporting information, please attach to this document. Please feel free to call us at 303-458.0240 with questions or concerns.

Physician Name: _____

Physician Specialty: _____

Physician Address: _____

Physician Phone Number: _____: Physician Fax Number: _____

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Primary Diagnosis and ICD-9/APG codes: _____

Secondary Diagnosis(es) and ICD-9/APG codes: _____

Length of association with this patient: _____

Cause of disability

Estimated duration of significant impairments

Effect of condition on your patient's ability to perform activities of daily living: _____

Prognosis of your patient's ability to perform activities of daily living:

Related medical history

Evaluation Criteria Related to Activities of Daily Living (ADL): Please circle Y or N

Able to exercise judgment and make decisions necessary for ADL	Y	N
Able to sustain attention span	Y	N
Able to control physical or motor movement sufficient to sustain ADL	Y	N
Short term memory intact and functioning	Y	N
Able to follow directions and learn to the degree necessary for ADL	Y	N

Capable of decisions regarding personal safety and the safety of others	Y	N
Under medication that impairs ADL or short term memory	Y	N
Manifests inappropriate behavior	Y	N
Is your patient's condition affected by any form of substance abuse that would affect their ADL?	Y	N
A Service Dog requires daily training, attention, nutrition and care including routine veterinary examination and possible emergency veterinary care. Do you believe your client is capable of managing the above mentioned tasks?	Y	N

Based on my knowledge of this patient and the information provided to me, it is my opinion that this patient ____ should ____should not receive a Service Dog at this time.

Printed name of Physician or Medical Provider

Signature of Physician or Medical Provider

Date

Thank you very much for your assistance in helping Comet Canine evaluate your patient for a Service Dog. We appreciate your time and effort with regard to this matter.

Additional Information: (Please feel free to attach additional documents)

Comet Canine

Privacy Policy & Non-Discrimination Policy

Effective Date: June 11, 2003

Comet Canine vigorously maintains the privacy of all information submitted by our clients. Comet Canine does not share any information collected about clients or potential clients for any reason. This includes personal, demographic, medical and professional agency information. We do not sell or rent information to marketing or advertising companies. We do not share email addresses or any other electronically submitted information to mass advertising firms.

Request for Information related to Medical, Physical Therapy, Vocational Rehabilitation, Occupational Therapy or Mental Health Information:

In order for Comet Canine to access any client information from professional organizations representing medical care, physical therapy, vocational rehabilitation, occupational therapy, and/or mental health, Comet Canine will require the client to sign a date limited release of information document. This information will be retained in locked Comet Canine office files. If the relationship with our client terminates for any reason, the files will be destroyed.

Statistical Information

General information regarding our clients will be aggregated for statistical purposes; however, personal information, specific to individuals, will not be used in any way.

Photographs and Publications:

Occasionally, Comet Canine will request the use of a client's picture(s) and/or written information for publications or news articles. Comet will request written consent from our clients before proceeding with release of pictorial or written information.

Non-Discrimination Policy

Comet Canine will not take into consideration race, color, creed, sexual orientation, or gender when evaluating a potential client for a Service Dog. However, we do reserve the right to consider, include or exclude any characteristic, factor or circumstance when determining the best possible match between our prospective clients and a Service Dog.

Many children that are 18 years of age or younger have the mental maturity, capacity and physical ability to successfully handle a Service Dog. Therefore, the applications of persons of any age will be considered.

Please refer to the Client Application Information section of our website and review the selection criteria we use when matching a client with a Service Dog.