

**Comet Canine**  
**1616 17<sup>th</sup> Street, suite 383**  
**Denver, Colorado 80202**  
**303.458.0240 office**  
**303.433.5020 fax**

**-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: \_\_\_\_\_

## 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.

***Comet Canine***  
**3095 Tejon, Unit B**  
**Denver, Colorado 80211**  
**Phone: 303-458.0240**  
**Fax: 303-433-5020**

### **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: \_\_\_\_\_

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:

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



