



## Animals Deserve Better, Inc (ADB) Client Application

Please select from the following list the type of dog that would be best for your current situation:

### Service Dog

A service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access.

A service dog can be placed with a client that is at least 16 years of age or older and is capable of handling the dog in public without assistance.

### Service Dog - 3<sup>rd</sup> Party

A 3rd party service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access providing that a parent or guardian is with the client at all times when in public. Third party service dogs are available to clients that are under the age of 16 or unable to handle a dog in public without assistance from a guardian or care giver.

### Skilled Companion Dog

A skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home.

### Skilled Companion Dog - 3<sup>rd</sup> Party

A 3rd party skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home. A third party skilled companion dog is available to clients that are under the age of 16 or unable to handle a dog in the home without assistance from a guardian or care giver.

## Animals Deserve Better, Inc (ADB) Client Application

What is your disability?

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ADB dogs assist people with mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. ADB also provides assistance dogs for autistic clients and train dogs to assist individuals with seizure or blood sugar disorders or those with a hearing impairment. . ADB does **not** train dogs to assist individuals with significant vision impairment.

How long have you been disabled? \_\_\_\_\_

If disability was caused by injury, what progress has been made post injury?

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Please indicate the devices that you use: Wheelchair:  manual  power  both  
 Crutches  Cane  3-wheel electric scooter  Sip and puff  
 Other \_\_\_\_\_

Which do you use most often? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Take a bus? \_\_\_\_\_ Cab? \_\_\_\_\_ Other? \_\_\_\_\_

**Describe your physical strengths and abilities.** (Circle one number for each limb.)

<u>Left</u>	No Use $\longrightarrow$ $\longrightarrow$ $\longrightarrow$ $\longrightarrow$ Full Use	<u>Right</u>
Hand Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Dexterity	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Arm Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Upper-Body Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Leg Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Leg Control	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

How often do you fall? \_\_\_\_\_

Can you catch yourself when you fall, or do you fall like a tree? \_\_\_\_\_

## Animals Deserve Better, Inc (ADB) Client Application

**Please rate:** (On a scale of 1=Poor – to – 10=Normal)

Your Speech? \_\_\_\_\_ Easily understood \_\_\_\_\_ Tone variation \_\_\_\_\_ Volume

Do you use a word board?  Yes  No  Other \_\_\_\_\_

Your Vision? \_\_\_\_\_ Do you use corrective lens?  Yes  No

Do you need?  Large font  Audio tape  Note taker  Other \_\_\_\_\_

Your Learning Ability? \_\_\_\_\_  Need assistance, namely \_\_\_\_\_

Your Hearing? \_\_\_\_\_  Hearing Aid  ASL \_\_\_\_\_

How do you handle the following?

Routine medications  By yourself  Assisted  Provided by others

Your finances, checkbook  By yourself  Assisted  Provided by others

Housecleaning:  By yourself  Assisted  Provided by others

Meals  By yourself  Assisted  Provided by others

Getting dressed  By yourself  Assisted  Provided by others

Shopping; groceries, etc.  By yourself  Assisted  Provided by others

Personal Care  By yourself  Assisted  Provided by others

What personal attendants (including family members) do you use?  Personal Care Aide

Cooking  Cleaning  Medical  Other \_\_\_\_\_

Describe how many attendants and how often? (Daily, weekly?) \_\_\_\_\_

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

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and **anything** that might help us understand your needs.

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

What work, school, or rehabilitation program(s) have you completed? \_\_\_\_\_

What is your current work or school schedule? \_\_\_\_\_

What are your plans for work or school? \_\_\_\_\_

## Animals Deserve Better, Inc (ADB) Client Application

List the people living in your home, including their ages and their relationship to you.

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Do any other members of your household have a physical or mental disability?

No  Yes If so, how are they disabled and what are their limitations?

Please describe your home and yard. \_\_\_\_\_

Is your yard fenced?  No  Yes If yes, how high is your fence? \_\_\_\_\_

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your dog?

Yes  No \_\_\_\_\_

What pets do you have now? Describe type and age.

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Veterinarian's name and phone number.

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If you have a dog now, would you be willing to give up your present dog, if it cannot get along with an ADB dog?  Yes  No (Explain)

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If your present dog is not well-mannered, are you willing to have ADB train your dog either before or in unison with your ADB dog?  Yes  No (Explain)

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What dogs have you had before? Describe what kind and how old you were.

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## Animals Deserve Better, Inc (ADB) Client Application

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your ADB dog?

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How will you handle the care of your ADB dog if you are hospitalized? \_\_\_\_\_

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Will it be difficult for you?

- To attend group classes at the ADB Training Center in Marietta, GA for an hour to hour and a half one day a week for 6 - 8 week sessions?  Yes  No
- To limit your calendar for the 30-day bonding period?  Yes  No
- To attend private Obedience Class's?  Yes  No

Please explain any Yes answer

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### Living with an Animals Deserve Better Service Dog

**Do you agree to the following conditions?**

- That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.  
 Yes  No, explain

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- That an ADB dog will spend most of their time **with their partner** at home AND at work, at school, and social events if he/she is certified for public access and that no ADB dog will be in a yard or kennel for long periods of time.  
 Yes  No, explain

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- That an ADB Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.  
 Yes  No, explain

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## Animals Deserve Better, Inc (ADB) Client Application

- That you and your dog are ambassadors for Animals Deserve Better, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.
- That an ADB dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.  
 Yes  No, explain \_\_\_\_\_
- That you must assume full responsibility as caretaker of your ADB dog, in charge of their safety, health, and welfare. Their needs include:
  - **Medical care** – all care prescribed by your veterinarian and routine annual care as directed by ADB.  Yes  No, explain  
\_\_\_\_\_  
\_\_\_\_\_
  - **Nutritional care** – including use of a good quality dog food and maintaining your dog's proper weight.  Yes  No, explain  
\_\_\_\_\_  
\_\_\_\_\_
  - **Daily exercise and play**  Yes  No, explain  
\_\_\_\_\_  
\_\_\_\_\_
- That you assume full responsibility for maintaining appropriate training and behavior, annually updating your public access certification or Canine Good Citizen certification as applicable with Animals Deserve Better. You must maintain identification for public access, if applicable.  Yes  No, explain  
\_\_\_\_\_
- That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog.  Yes  No, explain  
\_\_\_\_\_

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any 'No' answer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return Part A of the **Client Application and your Video** to:  
Animals Deserve Better, Inc., P.O. Box 72016, Marietta, GA 30007-2016

If you have questions, call us at (770)-402-0297

If your application for a service dog is approved additional documentation will be required to help us match you with the right dog.

# Animals Deserve Better, Inc (ADB) Client Application

## Video Outline

Please provide a 10-15 minute video **in DVD format** and submit with Part A of your application. Include the following information and label the video with your full name. If video equipment is unavailable to you still photos are fine, be sure to address **ALL** of the items listed below.

**Your video is critical. ADB reviews it frequently during the placement process:**

- a. **Initially**, to see **IF** we can have the right dog for your needs and accept you as a client
- b. **When matching teams**, to evaluate whether a dog in training fits your lifestyle and your needs
- c. **During custom-training** of the dog to meet your needs

### **1. Describe yourself**

- Name and address.
- Tell us about your family, friends, and personal attendants.
- Tell us about your pets (past and present).
- Describe your daily routine – work, school, and other activities.

### **2. Describe your disability – Tell us about:**

- The history of your disability.
- Your accomplishments.
- Your limitations.
- Your activity level.
- Your daily routine.

### **3. Demonstrate your mobility level**

- Show us how you move around inside your home and workplace or school.
- Show us how you use your adaptive equipment.
- Show us how you transfer.
- Show us your mode of transportation outside your home.

### **4. Describe what your dog would do**

- How do you think a dog will be able to help you?
- What skills would you need?
- What are your expectations of an assistance dog?
- Do you currently have or have you ever had a service dog? If so:
  - a. Where did you get your service dog (organization, private trainer, self-trained, other)?
  - b. How many years did the dog work with you?
  - c. If you still have the dog, show your service dog interacting with you.

### **5. Show your environment**

- Home – Video the interior and exterior of your home, your yard (including any fencing), and your neighborhood (where you might walk with your dog)
- Show your interaction with any present pets you may have.
- Other – Video your work, school, recreational and/or social environment.



## Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. 1) Personal (not a relative), 2) professional (therapist, doctor). Please send letters of recommendation to:

Animals Deserve Better, Inc.  
P.O. Box 72016  
Marietta GA 30007-2016  
Fax 770-579-8289  
[adb@animalsdeservebetter.com](mailto:adb@animalsdeservebetter.com)

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Animals Deserve Better, Inc. (ADB) Client Application

## Client Application Part B Medical History Form

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to ADB.

Patient's Last name \_\_\_\_\_ First \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth \_\_\_\_\_

### Release of Medical Information

This authorizes you to release information regarding my condition to Animals Deserve Better, Inc. This information will be used to evaluate and assess my situation and is essential for ADB to train me and my service dog to increase my independence. All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship or title and agency  
\_\_\_\_\_

Agency address and phone number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact Animals Deserve Better, Inc. at (770) 402-0297. Please mail the completed form to:

Animals Deserve Better, Inc.  
P.O. Box 72016  
Marietta, GA 30007-2016  
or fax to (770) 579-8289

**Practitioner's Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of last examination: \_\_\_\_\_ Length of association with patient: \_\_\_\_\_

# Animals Deserve Better, Inc. (ADB) Client Application

What is patient's primary diagnosis? \_\_\_\_\_

What other conditions/diagnoses does the patient have? \_\_\_\_\_

Prognosis for duration of impairment(s):

Prognosis for progression of impairment(s):

Prognosis for lifespan:

Medications taken on a regular basis (please list): \_\_\_\_\_

How severe is the patient's mobility impairment? (Please circle)

None		Needs assistive devise		Needs full-time care
1	2	3	4	5

How severe is the patient's visual impairment? (ADB does not train dogs to assist visual impairment.)

None/correctible with glasses		Needs assistive devise		Blind
1	2	3	4	5

How severe is the patient's auditory impairment?

None		Needs assistive devise		Deaf
1	2	3	4	5

How severe is the patient's cognitive impairment?

None		Often needs assistance		Needs full-time care
1	2	3	4	5

Do limitations affect patient's ability to control his/her own behavior?

Normal		Moderate		Poor self-control
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

Ineffective		Moderate		Very competent
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc?

Unreliable		Moderate		Very reliable
1	2	3	4	5

## Animals Deserve Better, Inc. (ADB) Client Application

To what degree do limitations affect patient's ability to perform Activities of Daily Living\* (ADL):

Normal		Moderate		Totally reliant
1	2	3	4	5

\* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

### Cognitive and Emotional Evaluation of Patient:

	<u>Yes</u>	<u>Minimally</u>	<u>No</u>
A. Able to exercise judgment and make decisions necessary for ADL	___	___	___
B. Able to sustain attention span	___	___	___
C. Manifesting inappropriate behavior beyond his/her control	___	___	___
D. Able to control physical or motor movement sufficient to sustain ADL	___	___	___
E. Capable of perception and memory to the degree necessary to sustain ADL	___	___	___
F. Able to follow directions and learn to the degree necessary to sustain ADL	___	___	___
G. Under medication which impairs functioning	___	___	___
H. Capable of decisions about personal and others' needs and safety	___	___	___

**Is incapacity due to or affected by patient's alcoholism or drug abuse?**  Yes  No

**IF YES:**

A. Has patient ever been in treatment facility?  Yes  No

If yes, when and duration? \_\_\_\_\_

B. Has permanent damage resulted?  Yes  No

C. Has patient refused treatment or referral to a treatment center?  Yes  No

Animals Deserve Better's Dogs may be skilled at the following tasks:

- Manners and obedience
- Enhance balance while walking
- Retrieve dropped articles
- Enhance balance while going up or down stairs
- Push Lifeline or 911 button
- Provide brace for transfers or getting up from floor/chair
- Find and retrieve phone
- Assist in pulling wheelchair
- Find help
- Retrieve adaptive equipment
- Retrieve from refrigerator
- Carry items in mouth or backpacks
- Push handicap buttons
- Take items to another person
- Turn lights off and on
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off
- Open and close doors

## Animals Deserve Better, Inc. (ADB) Client Application

Animals Deserve Better dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving an ADB dog? If so, please describe:

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Can you recommend that this patient receive an ADB dog?  Yes  No

Why or Why Not? \_\_\_\_\_

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May we contact you with questions?  No  Yes

**Additional Comments or Remarks:** \_\_\_\_\_

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**Signature of physician or therapist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail to: Animals Deserve Better, Inc**  
**P.O. Box 72016**  
**Marietta, GA 30007-2016**  
**Fax to: 770-579-8289**  
**Call: 770-402-0297**  
**[www.animalsdeservebetter.org](http://www.animalsdeservebetter.org)**