



**Brush Creek Service and  
Therapy Dog Center, Inc.**

6507 South Brush Creek Road  
Stillwater, OK 74074  
Phone: 405-372-8990

**Application for PTS Dog**

**For BCS&TDC Use Only**

**Check/Money Order #** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **HV Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Approved:**  Yes  No

**Date of Placement:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Items Issued:** \_\_\_\_\_

**BCS&TDC Representative:** \_\_\_\_\_

**Approved With Conditions (explain):** \_\_\_\_\_

**Reason For Denial:** \_\_\_\_\_

**BCS&TDC I.D. No:** \_\_\_\_\_ **Microchip No.** \_\_\_\_\_ **Tattoo No.** \_\_\_\_\_

Below section of the application is to be completed by the applicant applying for a Brush Creek Service & Therapy Dog Center service dog.

**Personal Information**

*Before completing this application, please read our Application and Placement Policies and Applicant Agreement at the end of this application.*

**Applicant Name:** \_\_\_\_\_  
(First, Middle, Last – No Nicknames)

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Male:**  **Female:**

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

**City/State/Zip:** \_\_\_\_\_

**E-mail Addresses:** \_\_\_\_\_/\_\_\_\_\_

**Phones:** **Home/Cell:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Branch of Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **AW2: (Circle) Y N**

## Employment Information

Name of Employer: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Supervisor \_\_\_\_\_ / \_\_\_\_\_  
(Name/Phone Number)

Source(s) of income: Job:  Social Security:  Disability:

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

If employed, a volunteer, or both, please tell us:

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

City/State/Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_  
(Name/Phone Number)

Full Time:  Part Time:  Hours/Week: \_\_\_\_\_

How long have you been employed here? \_\_\_\_\_

Describe your work/volunteer activities in helping us understand what a service dog would encounter in this environment:

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

## Emergency Contact

Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Veteran Status**

Date of Disability: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Active-Duty Injury: (Circle) Y N

Define Disability (please be as specific as you can):

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

Cause of Disability (please be as specific as you can):

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

Define Specific Need for a Service Dog (please be as specific as you can):

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

**Household Information**

Names and ages of people living in the home and/or taking care of the disabled veteran on a daily basis:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Have all members of the household agreed to have a service dog in the home? Yes  No

Do all members of the household agree to help care for the service dog if required? Yes  No

Who will be the primary person responsible for your Service dog? \_\_\_\_\_ Are you willing to take responsibility for a dog for the next 10 or more years? \_\_\_\_\_ How much do you estimate it will cost to care for a dog for one year (food, vet bills, etc.)? \$\_\_\_\_\_

Does anyone in your household have allergies to animals? **Yes**  **No**

**If yes, explain:**

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Have you ever, and under what circumstances, brought an animal to a shelter or rescue or humane society?

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Do you:  Own  Rent\*\*\* How long have you lived at this address? \_\_\_\_\_

House  Apartment  Townhouse  Condo  Mobile Home

**\*Landlord's Name** \_\_\_\_\_

**\*Does your current rental allow pets? (Under ADA Law a service dog must be permitted),** however, this question tells us something about how this might be received, and we can help you with this process of educating the landlord and neighbors

Do you anticipate a move within the next few years? **Yes**  **No**

Do you have a completely fenced yard? **Yes**  **No**

If yes, type of fence: Wood:  Chain Link:  Electric Fence:  Height: \_\_\_\_\_.

If no, or it is not completely fenced, how will you contain a service dog on your property?

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Is there a pool? **Yes**  **No**  If yes, is it secured?

Have you checked your yard for dangerous objects or plants? **Yes**  **No**

Results: \_\_\_\_\_

Are there distractions outside your yard? Neighboring Dog:  Loose Dogs:  Busy Street:

Children:  Other:  Describe:

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

### **Equipment Required**

**Please check equipment you use:**

Wheelchair: Manual  Power  Both  Crutches  Hearing Aid  Cane  Prosthesis

Wrist Braces  Walker  Leg Brace  3-Wheel Electric Scooter

**Other: (specify):** \_\_\_\_\_

### **Strength Assessment**

**Rate your physical strength on a scale of 1 to 10:**

**(1 = Least and 10 = Most)**

Right Hand: \_\_\_\_\_ Left Hand: \_\_\_\_\_ Right Arm: \_\_\_\_\_ Left Arm: \_\_\_\_\_

Right Leg: \_\_\_\_\_ Left Leg: \_\_\_\_\_ Upper Body: \_\_\_\_\_

**Pet History**

Do you CURRENTLY own any other pets? If so, list them here:

<b>Name</b>						
<b>Species/ Breed</b>						
<b>Age</b>						
<b>M/F</b>						
<b><u>N</u>eutered <u>S</u>payed, or <u>I</u>ntact</b>						

<b>Dominant/Submissive/Get Along Fine with other dogs, children, cats, etc.? Any behavior issues?</b>						
<b>Where is this pet kept during the day and night? How long have you had this pet</b>						

List all animals (birds, cats, dogs, etc) you once owned but no longer own, since you turned 18: (add additional pages if needed).

<b>Name of animal</b>						
<b>Species/Breed</b>						
<b>M/F</b>						
<b><u>N</u>eutered <u>S</u>payed, or <u>I</u>ntact</b>						
<b>Age when you got it &amp; how long you had it</b>						

<b>Where kept During day, night (be specific, i.e. crate etc.</b>						
<b>Reason you no longer have it; if pet is deceased, list age of pet when it died and cause of death</b>						

**Are you able to meet the needs of a BCS&TDC service dog in terms of regular veterinary care, heartworm and external parasite prevention, feeding high quality dog food, treats, grooming, exercise, play, training, and yard clean up? Will you need assistance, either physically or financially, and if so, who will provide this assistance?**

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**How do you foresee giving a service dog exercise and play?**

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**Personal Interests, Skills & Activities**

Please describe your basic daily schedule, activities, environments visited, how you spend your time in a typical week: (M-F may be the same, Sat and Sunday different from weekdays).

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Please add any other activities or interests, travel, hobbies, recreational activities you enjoy.

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Do you foresee having your service dog accompany you in your daily activities and special events? To what extent?

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**List 2 Personal References**

Please list **two** personal references. ( **NOTE: One reference must be a non-relative** ) Include Name, Relationship, Address, Telephone Numbers (please include best time to contact), and Email Address: \*you may list a 3<sup>rd</sup> reference as an alternate.

You must provide the names and contact information for two individuals who have agreed to provide support to you and your dog. These individuals must agree to provide an immediate and temporary home for the dog should an emergency arise.

**Reference # 1**

Name: \_\_\_\_\_  
(First, Middle, Last)

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

City/State/Zip: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

Phones: Home/Cell: \_\_\_\_\_ Work: \_\_\_\_\_



How long have you known them: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Best time to contact them? \_\_\_\_\_ Best way to contact: \_\_\_\_\_

**Reference # 2**

Name: \_\_\_\_\_  
(First, Middle, Last)

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

City/State/Zip: \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_ / \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

How long have you known them: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Best time to contact them? \_\_\_\_\_ Best way to contact: \_\_\_\_\_

**Veterinary Information**

Please list any veterinary reference(s). Please include current & previously used veterinarians used for your current pets. If you currently do not have a vet, please list the vet you plan to use for your new **BCS&TDC** dog. *You must call your veterinarian and inform them that we will be calling to check on your pet's records.*

You should do this soon after receiving confirmation from us that we are processing your application, otherwise it may result in a delay in processing your application. You have to have your vet reference processed in order to be eligible to work with a Brush Creek Service & Therapy Dog Center candidate. Please inform your vet that you are authorizing the release of these records/information to the **BCS&TDC** representative who calls them. Thank you.

Vet's Name	Clinic Name	Address Including city/state	Phone number Include Area Code, email address (if applicable)

The above listed Vet is:  My current Vet  The Vet I plan to use with my new pet

**Please tell us in your own words**

**Why do you want a Service Dog? What changes/benefits in your life do you foresee a service dog bringing to you?**

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**Describe your ideal dog (i.e. temperament, skills, activity level, size, male or female, breed preference? etc.)**

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**Tell us how you feel about learning about service dog handling skills, attending training classes, working with volunteers during placement and transitioning, giving the time and energy needed to create and foster a working bond with a new dog?**

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**Tell us any other information about yourself and your application for a CCSDA that you would like to include:**

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**Thank you for your application to CCSDA!**





### Client Applicant Medical History

**Please Note: A medical history form is required from each of your physicians and/or therapists.**

#### Instructions

This form should be completed and signed by your physician/therapist. A medical history form is required from each of your physicians and/or therapists. The completed forms should be mailed to BCS&TDC at

Brush Creek Service & Therapy Dog Center, Inc.

6507 South Brush Creek Road

Stillwater, OK 74074

**Information Release Date:** \_\_\_\_\_

**Dr.:** \_\_\_\_\_

Please release the requested medical information regarding my condition to Brush Creek Service & Therapy Dog Center, Inc. (BCS&TDC). This information will be used to help determine my abilities in regards to the placement of a service dog. This also permits BCS&TDC or its agent to communicate with your mental health provider.

**Applicant's Name (please print)**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

#### Physician Information

**Name** \_\_\_\_\_

**Type of practice** \_\_\_\_\_

**Address** \_\_\_\_\_ **County** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Numbers: Work** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_



6507 S. Brush Creek Road  
Stillwater, OK 74074  
(405) 372-8990  
brushcreekservicedogs@gmail.com

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**Patient Medical Information**  
**(to be completed by physician or therapist)**

What is this patient's primary disability? \_\_\_\_\_

What is the cause of this disability? \_\_\_\_\_

At what age was the patient disabled? \_\_\_\_\_

Are there significant secondary disabilities? Yes  No

If yes, please describe \_\_\_\_\_

Is this disability progressive? Yes  No

Is the patient's incapacity due to alcohol or drug abuse? Yes  No

The effects of this patient's disability include (PLEASE CHECK ALL THAT APPLY)

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

Does this patient have trouble with (PLEASE CHECK ALL THAT APPLY)

- |                      |                          |                             |                          |                            |                          |
|----------------------|--------------------------|-----------------------------|--------------------------|----------------------------|--------------------------|
| <i>Allergies</i>     | <input type="checkbox"/> | <i>Chronic Pain</i>         | <input type="checkbox"/> | <i>Heightened Emotions</i> | <input type="checkbox"/> |
| <i>Depression</i>    | <input type="checkbox"/> | <i>Seizures</i>             | <input type="checkbox"/> | <i>Balance</i>             | <input type="checkbox"/> |
| <i>Brittle Bones</i> | <input type="checkbox"/> | <i>Hot/Cold Sensitivity</i> | <input type="checkbox"/> |                            |                          |

Does this patient use any of the following aids or assistive devices (PLEASE CHECK ALL THAT APPLY)

- Prosthesis*  *Wheelchair - Manual*  *Leg Brace*  *Wrist Brace*  *Wheelchair - Power*   
*Hearing Aid*  *Crutch/Cane*  *Walker*   
*Other* \_\_\_\_\_

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**Is this patient...** (PLEASE CHECK MOST APPROPRIATE ANSWER) [ADL = Activities of Daily Living]

- A. Able to exercise judgment and make decisions necessary for ADL? Yes  Minimally  No
- B. Able to sustain an attention span? Yes  Minimally  No
- C. Manifesting inappropriate behavior beyond his or her control? Yes  Minimally  No
- D. Able to control physical and motor movement sufficient to sustain ADL? Yes  Minimally  No
- E. Capable of perception and memory to the degree necessary to sustain ADL? Yes  Minimally  No
- F. Able to follow directions and learn to the degree necessary to sustain ADL? Yes  Minimally  No
- G. Under medication which impairs physical or mental functioning? Yes  Minimally  No
- H. Capable of decisions concerning self and other's needs and safety? Yes  Minimally  No

**Can you recommend this individual for a service dog?** Yes  No

**Do you feel BCS&TDC might benefit from a consultation with you?** Yes  No

**Comments**

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**Physician/Therapist Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

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



## Primary Behavioral Health Therapist Questionnaire (LCSW, LISW, LPC, Psychologist)

### Instructions

This form should be completed and signed by your primary behavioral health therapist (LCSW, LISW, LPC, Psychologist).  
The completed form should be mailed to Brush Creek Service & Therapy Dog Center, Inc. at:

BCS&TDC  
6507 S. Brush Creek Road  
Stillwater, OK 74074

### Therapist Information

Name \_\_\_\_\_  
Type of practice \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Numbers: Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail \_\_\_\_\_

### Questionnaire

Patient's Name: \_\_\_\_\_

Is the applicant being treated by a medication prescriber? (Psychiatrist, APRN)? Yes  No

If yes, Prescriber's Name \_\_\_\_\_

What is the applicant's primary behavioral health diagnosis? \_\_\_\_\_  
\_\_\_\_\_

Secondary Diagnoses? \_\_\_\_\_  
\_\_\_\_\_

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[www.brushcreekservicedogs.org](http://www.brushcreekservicedogs.org)

**Is the diagnosis related to:** (PLEASE CHECK ALL THAT APPLY)

- |                               |                          |  |                          |
|-------------------------------|--------------------------|--|--------------------------|
| <i>Military combat trauma</i> | <input type="checkbox"/> | <i>Spouse/partner abuse</i>                          | <input type="checkbox"/> |
| <i>Sexual trauma</i>          | <input type="checkbox"/> | <i>Accident/injury</i>                               | <input type="checkbox"/> |
| <i>Childhood trauma</i>       | <input type="checkbox"/> | <i>Natural disaster (flood, fire, tornado, etc.)</i> | <input type="checkbox"/> |

**Are there any substance use related concerns?** Yes  No

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**Is there any history of animal abuse?** Yes  No

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

**How long has the applicant been in treatment with you?** \_\_\_\_\_

**How often is the applicant seen for therapy?** Weekly  Every Two Weeks  Monthly or less

**Is the applicant dependable in terms of keeping scheduled appointments and follow through on recommendations/out of session assignments?** Yes  No

**Has there been a lapse in treatment?** Yes  No

**If yes, how long?** \_\_\_\_\_

**Treatment Modality:** (PLEASE CHECK ALL THAT APPLY)

- Cognitive Behavioral Therapy*
- Cognitive Processing Therapy*
- Prolonged Exposure Therapy*
- Eye Movement Desensitization and Reprocessing*
- Cognitive Behavioral Therapy for Insomnia*
- Alternate/complimentary approaches ( yoga, biofeedback, experiential, mindfulness, art)*

**Please indicate if the applicant has had or is currently receiving:** (PLEASE CHECK ALL THAT APPLY)

- Individual Therapy       Group Therapy
- Inpatient Psychiatric Hospitalization       Residential Trauma Treatment

Intensive Outpatient (10P) or Partial Hospitalization (PHP)

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Is there any past suicidal ideation, plan or attempt? Yes  No  If yes, when?

\_\_\_\_\_

**Current Symptoms:** (PLEASE CHECK ALL THAT APPLY)

- Irritability/anger  Issues causing conflict in relationships
- Panic attacks  Nightmares/insomnia
- Social isolation  Anxiety in public places
- Depression  Avoiding places, situations, people
- Sensitivity to noise/touch

Please list any known triggers for the applicant: \_\_\_\_\_

\_\_\_\_\_

What are the applicant's treatment goals? \_\_\_\_\_

\_\_\_\_\_

Does client have anger management issues? If so, how does he/she manage these issues?

\_\_\_\_\_

\_\_\_\_\_

Please describe how you believe a service dog could be used to improve the applicant's functioning and quality of life: \_\_\_\_\_

\_\_\_\_\_

If the applicant is selected to receive a service dog, would you be willing to incorporate the use of the dog into the applicant's treatment plan? Yes  No

Would you be willing to communicate with BCS&TDC staff regarding any concerns, progress towards goals and the effectiveness of the service dog in improving symptoms? Yes  No

If yes, preferred method of contact: \_\_\_\_\_

Applicant selected to receive a service dog are required to attend a 2-week intensive team training. Would you be available to the applicant by phone during this period if needed for additional support? Yes  No

Therapist Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

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## Application of Service Dog

At Brush Creek Service & Therapy Dog Center, Inc. we feel that it is imperative that our clients have a sound support system in place during the application process, placement training, and follow-up with our clients who receive service dogs. As a family member or a support person of the below listed applicant, I agree to the following:

1. I have been made aware of a current application submitted on behalf of the below applicant for a service dog with Brush Creek Service & Therapy Dog Center, Inc.
2. The applicant has made me aware of the application process, the training and placement procedures, and follow-up requirements required by Brush Creek Service & Therapy Dog Center, Inc.
3. I agree to support this applicant during the entire process and feel that a service dog will be beneficial in enhancing this applicant's life.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Family Member/Support Persons Name

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

\_\_\_\_\_  
City, State, Zip Code

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

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Family Member / Support Persons Signature

\_\_\_\_\_  
Date

**Please mail/email to: ATTN:**  
**BCS&TCD**  
**6507 S. Brush Creek Road**  
**Stillwater, OK 74074**  
**Brushcreekservicedogs@gmail.com**



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[brushcreekservicedogs@gmail.com](mailto:brushcreekservicedogs@gmail.com)

## PTSD Service Dog Placement Policy

Brush Creek Service & Therapy Dog Center, Inc. requires every client to provide a medical release form to include a behavioral health form to be submitted as a part of their application process.

Brush Creek Service & Therapy Dog Center, Inc. works directly with a mental health consultant that works with our organization directly along with our applicant's mental health provider and support team to review client applications and ensure maximum enhancement and independence for each applicant.

Brush Creek Service & Therapy Dog Center, Inc. requires every applicant to provide the names of two individuals that will support the team and are available to provide an immediate and temporary housing for the service dog should an emergency arise.

Brush Creek Service & Therapy Dog Center, Inc. requires every applicant to have a family member or another support person to be informed about the application process, placement procedures, and follow-up requirements related to receiving a Custom Canines program service dog or a dog through our owner trainer academy. A family member / support person form is required to be completed as a part of the application process.

Brush Creek Service & Therapy Dog Center, Inc. requires a personal interview with every applicant applying for a Custom Canines Service dog or owner trained service dog. Applicants with owner trained service dogs are required to undergo an extensive temperament evaluation prior to enrollment in our academy.

Brush Creek Service & Therapy Dog Center, Inc. has developed a strong veteran support team that ensures every applicant is contacted monthly to discuss the status of their application, to follow up on their placement process or to ensure active placements are still an enhancement to the client's lives.

All dogs placed as part of the BCS&TDC program or certified as part of the owner trainer academy must be a service dog that facilitates friendly public interaction with the client while offering mitigating skills to enhance their disabilities.



All dogs placed through the BCS&TDC program or owner trainer academy must meet all existing requirements for temperament and behavior, but must also exhibit:

- tolerance to a high level of stress
- sensitivity without anxiety
- the ability to perceive environmental and interpersonal cues
- the ability to complete tasks in very difficult and emotional situations
- no reactivity, possessiveness, guarding behaviors or increased anxiety.

All BCS&TDC PTS assistance dogs and owner trainer PTS assistance dogs, must meet all existing obedience, accessibility and training standards to do a minimum of three distinct and identifiable tasks to mitigate the client's PTS.

Brush Creek Service & Therapy Dog Center, Inc. prohibits the training of behaviors such as: guarding, protecting, or searching for an enemy/threat for all dogs trained through the BCS&TDC program. If such training occurs, BCS&TDC reserves the right to revoke certification of said service dogs.

Brush Creek Service & Therapy Dog Center, Inc. implements a customized curriculum for each client's individual needs based on positive reinforcement focused on specific task work to mitigate the individual's specific triggers and disabilities to enhance independence in public situations.

In conjunction with our mental health consultant, all Brush Creek Service & Therapy Dog Center, Inc. key staff and volunteers receive bi-annual PTS and suicide awareness training. It is the policy of BCS&TDC to keep all key staff/volunteers fully trained and updated to better serve our clients.

We have an initial follow up with all clients within 1 month of placement/certification of their assistance dog. Additionally, for the first six months after placement we will follow up with the client every month after the initial follow up visit. After the initial six months, we will follow up every 3 months for the remainder of the first year.

At the end of the first year, we will follow up with our client annually before their certification anniversary. However, the client is able to request assistance or follow up training at any time for the life of the working dog.

In the event that a PTS assistance dog has to be removed from a client, BCS&TDC will engage and communicate with the client's support system (references), as well as, their last known mental health provider. It is preferable that at least one member of their support system is present at the time of surrender/removal of the assistance dog.



## Applicant Agreement

1. I certify that the information I provided in this application is true and correct.
2. I understand that to complete the processing of this application, a visit to my home will need to be scheduled by a representative of the organization. All members and pets living in the household must be present at the time of the visit (not applicable to owner/trainers). A visit to your workplace, if you are applying for a full service dog, may also be conducted.
3. I authorize Brush Creek Service & Therapy Dog Center, Inc. to contact any and all references to verify the information that I have provided.
4. I acknowledge that any misrepresentation or falsehoods will disqualify our application. I also acknowledge that any misrepresentation/falsehood may result in termination of the placement.
5. I grant permission to Brush Creek Service & Therapy Dog Center, Inc. to take photographs, images, and audio or visual recordings of me, including my image or likeness, and I consent to the use of those photographs, images and recordings for the purposes of publication or any other lawful use in conjunction with the activities of Brush Creek Service & Therapy Dog Center, Inc. in any manner and medium, including, without limitation, in print or on the Internet. I acknowledge that Brush Creek Service & Therapy Dog Center, Inc. shall own those photographs, images, and other recordings, and any other intellectual property. I further understand and agree that I shall receive no payment or royalty as a result of the use or publication by Brush Creek Service & Therapy Dog Center, Inc. (or its designee) of any photographs, images, or recordings, nor shall I be entitled to receive notices of such use or publication.
6. BCS&TDC reserves the right to refuse or deny any application.
7. BCS&TDC will keep your application on file for one year. After that you will be required to fill out a new application.
8. Applicants must live within the BCS&TDC service area.
9. BCS&TDC may require further medical information not included on this initial application in order to process your application for a BCS&TDC service dog.
10. All applicant information will be kept confidential and the property of BCS&TDC.
11. Acceptance of this application does not guarantee a placement with BCS&TDC, or a placement within any given time frame. Placements are not on a "first come, first served" basis, but are based on a careful match of skills, needs, and personalities of dogs and people alike.
12. Applicant acceptance is decided without regard to race, religion, gender, or sexual orientation.
13. I agree that I will attempt to help BCS&TDC in other ways as I am willing and able: with potential recipients or volunteer trainers in the training room, in fundraising efforts, in communication with the public or other clients and volunteers, etc.
14. I understand that any financial gift I may choose to donate to BCS&TDC is fully tax deductible.
15. I understand that a BCS&TDC dog is a helper to me but not responsible for my health or safety either by protection in home or public, alerting to dangers, or alerting others that I may need help, or delivering medications to me.
16. I understand that I am responsible for the health and well-being of the service dog by providing appropriate veterinary care, grooming, high quality food, exercise, licensing, and safety.
17. I understand that all service dogs in public must be on leash, unless in a dog-designated and secure off-leash area.
18. I agree to have my BCS&TDC dog wear his/her vest in public and carry the ID card with me for purposes of identification as a BCS&TDC dog.
19. I agree that any cost for my own travel or my own accommodations or meals during the placement process is my own financial responsibility and not covered by BCS&TDC.
20. I understand that my own pets must meet the behavioral and health standards of BCS&TDC in order for a placement to occur.



21. I agree to participate in Public Access testing on a periodic basis as determined by BCS&TDC.
22. I agree to fully participate in home visits, interviews and training sessions as directed by BCS&TDC during the application/placement process.
23. I understand that at any time during the placement process; if the BCS&TDC staff determines I am unable to meet the standards to manage care and safety for the service dog, BCS&TDC reserves the right to terminate placement activities.
24. The BCS&TDC Board of Directors reserves the right to change these policies at any time.
25. I agree that this dog is the property of BCS&TDC and I/we will not GIVE, SELL, TRADE, ABANDON, SURRENDER OR OTHERWISE TRANSFER ANY TYPE OF OWNERSHIP/GUARDIANSHIP, PHYSICAL POSSESSION OR RESPONSIBILITY for this dog to any other persons/individuals or organization (shelter/rescue/vet or otherwise) for any reason whatsoever (not applicable for owner trained dogs.)
26. If I can no longer keep the dog, I agree to notify Brush Creek Service & Therapy Dog Center, Inc. BCS&TDC will determine the best possible outcome for the service dog, taking into account the circumstances that have caused this inability to keep the dog with the client. In the case of death or changed medical conditions of the client, it may be determined, if the family wishes that they retain the dog.
27. I agree that BCS&TDC will be held completely harmless for any medical problems, behavioral problems or any incidents that may occur after placement/certification of the BCS&TDC assistance dog.
28. The recipient agrees to follow support services recommendations or requirements after placement for maintaining training, behavior management, veterinary care, health care, grooming, and Public Access testing for recertification.
29. I hereby release Brush Creek Service & Therapy Dog Center, Inc. and its officers, directors, employees, agents, and volunteers from any liability for any injury to my property or person as a result of or following any accident or occurrences on or about the premises of the School or any facility controlled by Brush Creek Service & Therapy Dog Center, Inc., or from any of its operations while I am a client of the School.

**Applicant's Signature**

X \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Person: X \_\_\_\_\_

*Assisting With This Application*

Printed Name: \_\_\_\_\_

**PLEASE NOTE:** BCS&TDC requires a non-refundable application processing fee of \$50.



Please make check or money order payable to BCS&TDC and enclose with completed application. The \$50 application donation is to help defray expenses for fuel to conduct the home interview and is tax deductible.

***Please Mail To:***

BCS&TDC  
**Attn: BCS&TDC**  
6507 S. Brush Creek Road  
Stillwater, OK 74074  
Phone: (405) 372-8990

**Or attach and send –via- e-mail to:**

**[brushcreekservicedogs@gmail.com](mailto:brushcreekservicedogs@gmail.com)**