



**Brush Creek Service & Therapy Dog Center, Inc.**  
**6507 S. Brush Creek Road**  
**Stillwater, OK 74074**  
**Phone: 405-372-8990**

## **APPLICATION FOR OWNER TRAINER ACADEMY**

### **Personal Information**

*Before completing this application, please review the information on our website*

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

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

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

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

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

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

Do you believe you are capable of training your own Service Dog under the guidance of a Brush Creek Service and Therapy Dog Center Professional instructor? **Yes**  **No**

### **Please tell us the status of a dog you hope to train:**

- I currently own the dog I want to train
- I plan to acquire the dog that I want to train

### **If you own your dog already, please describe your dog:**

What is the Breed of your Dog: \_\_\_\_\_?

Dog's Name: \_\_\_\_\_ Dog's Birth Date: \_\_\_\_\_

Dog's Microchip # \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered Date (If Applicable) \_\_\_\_\_

Weight: \_\_\_\_\_ required if your dog will be pulling a wheel chair or provide mobility support.

Height at Withers: \_\_\_\_\_ required if your dog will be pulling a wheel chair or provide mobility support.

Dog's Current Veterinary Clinic: \_\_\_\_\_

Please explain why you feel that the breed of dog you have will be best suited as your Personal Service

Dog: \_\_\_\_\_

**What type of Service Dog are you looking for and types of tasks your dog perform for you.**

- Assist with Mobility (walking/balance)
- Assist with Mobility (wheelchair)
- Physical Disability – Please explain: \_\_\_\_\_
- Retrieving Objects
- Psychiatric Disability (PTSD, panic, anxiety)
- Psychiatric Disability (other) please explain: \_\_\_\_\_
- Psychiatric Disability (Autism)
- Medical Response/Seizure Response
- Hearing Disability
- Other Please explain: \_\_\_\_\_

Are you completing this application for a minor child whom is disabled? Yes  No  Is that minor planning on having the service dog accompany them to school? Yes  No  Do they have an IEP? Yes  No

Will you be taking your Service Dog to work outside your home? Yes  No  Don't Know

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

**Please describe the tasks you are expecting your dog to perform to help your disability:**

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

**What is your experience with training dogs, have you ever trained a dog before?**

- No, not even a pet
- Yes a pet, over 5 years ago
- Yes a pet, in the past 5 years
- Yes, a Service Dog that I used and still use

**Military Veteran Status (If Applicable)**

**Branch of Service:** \_\_\_\_\_ **Rank:** \_\_\_\_\_ **AW2: (Circle)** Yes  No

**Date of Disability:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Active-Duty Injury: (Circle)** Yes  No

**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:**

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**Emergency Contact**

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

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

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

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

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

**Household Information**

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

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**

**Equipment/Assistive Technology**

**Please check equipment you currently 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: \_\_\_\_\_

**Personal Interests, Skills & Activities**

Please describe your basic daily schedule, activities, interests, travel, hobbies, recreational activities. Do you foresee having your service dog accompany you in your daily activities and special events, if so to what extent?

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**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** service 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 service dog 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

**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 – No Nicknames)

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: \_\_\_\_\_

**Reference # 2**

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

*(First, Middle, Last – No Nicknames)*

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: \_\_\_\_\_

**Please tell us in your own words**

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

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**Tell us how you feel about learning about service dog handling skills, attending training classes, working with other trainers and instructors, giving the time and energy needed to create and foster a working bond with a dog?**

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**Tell us any other information about yourself and your application for the BCS&TDC that you would like to include:**

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**Thank you for your application to BCS&TDC, Inc!**



### 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 Brush Creek Service & Therapy Dog Center, Inc at:

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

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







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[brushcreekservicedogs@gmail.com](mailto: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 others 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** \_\_\_\_\_

**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)

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

If yes, when? \_\_\_\_\_

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

- |                                   |                          |   |                          |
|-----------------------------------|--------------------------|---|--------------------------|
| <i>Irritability/anger</i>         | <input type="checkbox"/> | <i>Issues causing conflict in relationships</i> | <input type="checkbox"/> |
| <i>Panic attacks</i>              | <input type="checkbox"/> | <i>Nightmares/insomnia</i>                      | <input type="checkbox"/> |
| <i>Social isolation</i>           | <input type="checkbox"/> | <i>Anxiety in public places</i>                 | <input type="checkbox"/> |
| <i>Depression</i>                 | <input type="checkbox"/> | <i>Avoiding places, situations, people</i>      | <input type="checkbox"/> |
| <i>Sensitivity to noise/touch</i> | <input type="checkbox"/> |   |                          |

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: \_\_\_\_\_





## 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, 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, 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 activities of Brush Creek Service & Therapy Dog, Inc. in any manner and medium, including, without limitation, in print or on the Internet. I acknowledge that Brush Creek Service & Therapy Dog, 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 Custom Canines Service Dog Academy, 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:***

Brush Creek Service & Therapy Dog Center, Inc.  
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Phone: (405) 372-8990

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

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