



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

APPLICATION FOR **SERVICE DOG**

For BCS&TDC Use Only Date: ____/____/____ Dog's Name: _____
Date Received: ____/____/____ HV Date: ____/____/____ Approved: Yes No
Date of Placement: ____/____/____ Items Issued: _____

BCS&TDC Representative Assigned: _____
Approved With Conditions (*explain*): _____
Reason For Denial: _____
BCS&TDC I.D. No: _____ Microchip No. _____ Tattoo No. _____

PLEASE NOTE: BCS&TDC requires a non-refundable application processing donation 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.

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

General Information

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

Date of Birth: ____/____/____

Address: _____

City/State/Zip: _____

E-mail Addresses: _____/_____

**Indicate primary email address you check frequently as this is our main mode of communication*

Work E-mail: _____

Phones-Home: _____ Work: _____ Cell: _____

Is it better to communicate with you via - email: phone: work or home H: W:

Disability Information

Primary Disability: _____ How long? _____

Secondary Disability: _____ How long? _____

Please tell us about your disability. This may include Progression: _____

Assistive Devices Used: _____

Effects on Communication: _____

Range of motion, strength, endurance, balance: _____

Attendant care, personal assistance: _____

Anything else you think will help us understand this disability: _____

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:

Household Information~

List ALL residents of the household: *Include any part time members (i.e. shared custody of children, regular visitors).

Name	Month/year of birth	Relationship to applicant

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

Have all members of the household agreed to help care for the SD 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: _____

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

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 **Yes** **No**

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?

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: _____

Pet History~

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

Name						
Species/ Breed						
Age						
M/F						
<u>N</u> eutered <u>S</u> payed, or <u>I</u> ntact						
Dominant/Submissive/Gets Along Fine with other dogs, children, cats, etc.? Any behavior issues?						
Where is this pet kept during the day and night? How long have you had this pet						

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

Name of animal						
Species/Breed						
M/F						
<u>N</u> eutered <u>S</u> payed, or <u>I</u> ntact						
Age when you got it how long you had it						
Where kept During day, night (be specific, i.e. crate etc.						
Reason you no longer have it; if pet is deceased, list age of pet when it died and cause of death						

Are you able to meet the needs of a BCS&TDC service dog in terms of regular veterinary care, heart worm 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?

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

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).

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

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

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 3rd 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: _____ Work: _____ Cell: _____

How long you've known them: Years: _____ Months: _____

What is their relation to the applicant: _____

Best time to contact them? _____ Best way to contact them: _____

Reference # 2

Name: _____
(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

Phones-Home: _____ Work: _____ Cell: _____

How long you've known them: Years: _____ Months: _____

What is their relation to the applicant: _____

Best time to contact them? _____ Best way to contact them: _____

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; *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 and Therapy Dog, Inc. 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

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?

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

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?

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

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





6507 S. Brush Creek Road, Stillwater, OK 74074

(405) 372-8990

brushcreekservicedogs@gmail.com

www.brushcreekservicedogs.org

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 S. Brush Creek Road
Stillwater, OK 74074

Information Release

Date: _____

Doctor: _____

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 _____



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> | <input type="checkbox"/> | | | | |

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*

..

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

Able to exercise judgment and make decisions necessary for ADL? Yes Minimally No

Able to sustain an attention span? Yes Minimally No

Manifesting inappropriate behavior beyond his or her control? Yes Minimally No

Able to control physical and motor movement sufficient to sustain ADL? Yes Minimally No

Capable of perception and memory to the degree necessary to sustain ADL? Yes Minimally No

Able to follow directions and learn to the degree necessary to sustain ADL? Yes Minimally No

Under medication which impairs physical or mental functioning? Yes Minimally No

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 Brush Creek Service and Therapy Dog Center, Inc. might benefit from a consultation with you? Yes

No

Comments

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 BCS&TDC at:

Brush Creek Service and Therapy Dog Center, Inc.
6507 S. Brush Creek Road
Stillwater, OK 74074

Therapist Information

Name _____
Type of practice _____
Address _____ County _____
City _____ State _____ Zip Code _____
Phone Numbers - Work _____ Cell _____
E-Mail _____

Questionnaire

Patient's Name: _____

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

If yes, Prescriber's Name _____

What is the applicant's primary behavioral health diagnosis? _____

Secondary Diagnoses? _____

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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 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 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 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: _____

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Please Mail To:

Brush Creek Service & Therapy Dog Center, Inc.

Attn: BCS&TDC

6507 S. Brush Creek Road

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Phone: (405) 372-8990

Or attach and send –via- e-mail to:

brushcreekservicedogs@gmail.com