



**V.I.P. Service Dog Foundation**

P.O. Box 638 Hinckley, Illinois 60520

[www.vipservicedogfoundation.com](http://www.vipservicedogfoundation.com)

[vipservicedogfoundation@yahoo.com](mailto:vipservicedogfoundation@yahoo.com)

866.439.3362

## **IMPORTANT:**

### **Please read this letter BEFORE beginning the application**

Dear Applicant or guardian:

Thank you for your interest in obtaining a service dog from the VIP Service Dog Foundation.

Enclosed is an application packet that must be completed in its entirety before we will process your application. Incomplete application packets will not be considered. Please make a copy of your completed packet for your records **PRIOR** to mailing or faxing.

Your packet contains all the following materials:

- Service Dog Application
- Physician Statement of Disability \*Must be sent directly from the doctor's office. (any doctor form sent in with application will not be accepted)
- Photo Release Form
- General Release of Liability Form / Code of Conduct/ Acknowledgement Form
- Confidentiality Form

**-A release is need for anyone over the age 18 who will attend class**

A donation of \$50 must accompany all applications. Application fee is considered a donation to the program. Donation can be paid via PayPal (**as family & friends only**) or by check with application. Any returned checks will be accessed a \$50 charge per re-deposit payable in cash or PayPal.

Once your completed application is accepted, you will be asked to attend classes so that our staff can observe you working with our volunteer and dogs. VIP also may conduct a home visit. Acceptance does not guarantee a dog placement.

**We are an owner participation program; this means we supply a dog between the ages 7-14 months of age. The dogs are started in obedience and public access training.** The family is responsible for all the remaining training needed. All dogs are neutered and up to date on shots.

We do not place service dogs with applicants under the age of 5. All applicants under 12 must have an adult assisted handler Other restriction may apply.

The following is the donation for all dogs: \$4,500.00 We reserve the right to change the donation fee requires at any time during the process. All applications are held for 1 yr. than will be destroyed. All monthly payments must be paid by PayPal. PayPal payments must be made as family and friends or no fee to VIP service Dog Foundation. Payment plan is for maximum of 3 months.

VIP Service Dog Foundation also offers skilled companion dogs. Skilled companion dog's donation is \$2,500.00-3.000.00 depending on training requested

VIP Service Dog Foundation





## Photo Release

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

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

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

E-mail: \_\_\_\_\_

Child's Name: \_\_\_\_\_

I am authorizing the use or disclosure, as described below, of me or my child's service dog success story, photo (if taken), videotape of me (if taken) by VIP for the purpose of: (Check all that apply) \_\_\_\_\_ General Marketing and Promotional Use \_\_\_\_\_ General Education \_\_\_\_\_ Success Stories (I authorize my story to be written and published) VIP, website, blog, Facebook, or other internet media. \_\_\_\_\_

### **INFORMATION TO BE DISCLOSED**

Indicate the type and amount of information to be used or disclosed as indicated below (include dates where appropriate). This information will be disclosed to the public at large through means including, but not limited to, posting on the web site, broadcast, and print media.

\_\_\_\_ Name \_\_\_\_ Service Dog Success Story \_\_\_\_ Pictures or Videos \_\_\_\_ Other

### **Expiration:**

I understand that this authorization does not expires

### **REMUNERATION**

VIP Service Dog Foundation will not receive direct or indirect remuneration from a third party as a result of the use and/or disclosure of the information requested by this authorization.

### **Voluntary Authorization and Revocation:**

I further understand that this authorization is voluntary. I understand that I have a right to revoke this authorization at any time. I can do so by submitting my revocation in writing to the VIP Service Dog Foundation. I understand that my revocation will not apply to information that has already been released in response to this authorization. I understand that if I refuse to authorize the disclosure of information, the information may not be released.

\_\_\_\_\_  
Signature of Parent /  
Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent /  
Guardian

\_\_\_\_\_  
Date





## General Release of Liability Statement

I \_\_\_\_\_ hereby release any liability or claim(s) in participating in any activities or Services sponsored by the VIP Service Dog Foundation. I acknowledge that I assume the risks and responsibilities in such participation and hold the VIP Service Dog Foundation harmless for any injuries or liabilities incurred or sustained in my participation. It is understood and agreed that, by acknowledging and signing this release, I irrevocably, unconditionally and completely releases and discharges the VIP Service Dog Foundation , all of its board members, heirs, representatives, volunteers, former volunteers, attorneys, insurers, from any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with ,or otherwise relating in any manner to any claims of liability, that were alleged, or could have been alleged, against the VIP Service Dog Foundation . That may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly.

\_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Participant (or parent/guardian if participant is a minor)

\_\_\_\_\_ Date \_\_\_\_\_

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

Signature of Participant (or parent/guardian if participant is a minor)





## Confidentiality Agreement HIPPA agreement

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### Privacy Policy

*Confidential information is defined as any information found in a client's medical record, personal information, and work-related information (including donation formation). All information relating to a client's care, treatment, or condition constitutes confidential information. This confidentiality policy also encompasses any trade secret scientific or technical information developed by the Program or its personnel.*

- Clients shall never discuss another client's medical condition with any non-employee of the Program, friends, or family members. Confidential matters involving clients will not be discussed in areas where they might be overheard by other clients or other non-employees of VIP Service Dog Foundation. Staff members are always to be aware that conversations regarding clients are not to be overheard by others and take appropriate steps to ensure this confidentiality.
- All donation information is confidential and may not be shared with others in the program or with clients. Only authorized individuals may relay donation information to volunteers or non-volunteers or clients.
- Any unauthorized disclosure of confidential information by clients could render the program liable for damages. Any client who violates the confidentiality of program, medical- or employee-related information is subject to disciplinary action up to and including termination from the program.

**I have received a copy of, read, understand, and agree to uphold this written policy on matters of confidential information and trade secrets.**

**I also understand that in my daily volunteer duties, I will have free access to confidential program operations and any violation of confidentiality, in whole or in part, could result in disciplinary action up to and including termination and/or legal action.**

**I recognize that this signed document of my agreement to uphold the provisions of this policy will be kept on file in my file.**

Signed this \_\_\_\_\_

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

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





## The VIP SDF Code of Conduct

The VIP Service Dog Foundation has established minimum standards for all individuals who elect to participate in any phase of VIP SDF programming. Individuals are always expected to abide by VIP Service Dog Foundation standards, for the duration of the time that they are affiliated in any way with the VIP Service Dog Foundation. These standards and rules are intended to provide a framework for individuals to ensure order and maintain the integrity of all our programs and services. This includes but is not limited to students, volunteers, staff, and Board members. The standards are not intended to be a substitute for common sense and adherence to expected social norms for morals and ethics. They represent a framework for rules and regulations. We remind everyone that rules and regulations we can teach, moral values are something that every individual needs to bring to the table. These standards are listed below.

### **GENERAL ORGANIZATIONAL STANDARDS Honesty, Integrity and Public Presentation**

#### **Individuals affiliated with the VIP SDF shall always:**

1. Always be courteous and respectful of the feelings and needs of those around them
2. Always be supportive of those with special needs and help as needed
3. Always be honest
4. Treat others, as they would wish to be treated
5. Use appropriate language
6. Report any observed or suspected violations of the Code of Conduct to a supervisor immediately.

#### **Dress Code**

1. Always be clean, well groomed, and free of any offensive odors, avoid use of perfumes/colognes as these may precipitate respiratory problems for individuals with chronic illness
2. Dress appropriately for the occasion; clothing must be in good repair; no torn jeans, low cut shirts, sheer blouses, or crop tops

The VIP Service Dog Foundation has a zero-tolerance policy for bad behaviors and individuals who are affiliated with the VIP Service Dog Foundation shall always:

1. Refrain from bullying behavior and report any perceived incidences to a board member immediately
2. Refrain from use of illicit drugs, arrive sober to all events and no use of alcoholic beverages when working at VIP Service Dog Foundation sponsored events

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant & printed (or parent/guardian

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

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant & printed (or parent/guardian, \

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





## TRAINING AND TEAM STANDARDS

### The handler shall provide:

1. Monthly heartworm & flea/tick treatments
2. All required core vaccinations recommended by a veterinarian
3. Grooming to keep dog clean and free of any offensive odors
4. Regular nail trimming
5. Current County license.
6. A clean vest in good condition to be worn while in public
7. Working equipment that is properly fitted and in good repair, including a collar, a leash that is no longer than 6 feet in length (retractable leashes & shock collars are not permitted).
8. Adequate food and hydration; must carry a portable water bowl when working /Training but shall not water the dog in designated public dining areas
9. Set and enforce consistent boundaries
10. Respond politely and appropriately to public inquiries and challenges
11. always Maintain full control over their dog
12. Remain alert for signs of danger and shall remove the dog from dangerous situations when necessary
13. Provide regularly scheduled rest breaks for the dog
14. Ensure that the service tasks are appropriate for the dog.
15. Use only positive reinforcement for service dog training
16. Must be consistent in enforcing commands
17. Ensure that the dog is always within two feet of them except when a task requires a greater distance
18. Ensure that the dog has adequate space to avoid injury to the dog or others in public
19. No dog will be allowed to work in public if injured or ill.
20. No dog will be allowed to work in public if underweight or overweight

**Note: always, the sole responsibility for all aspects of care, training, and public behavior of both handler & dog rests with the handler**

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

Signature of Applicant/ printed name (or parent/guardian if applicant is a minor)

Date \_\_\_\_\_

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

Signature of Applicant/ printed name (or parent/guardian if applicant is a minor)

Date \_\_\_\_\_





## **The dog shall be trained to:**

1. Perform at least two service-related tasks to mitigate the disability of the handler
2. Obey commands on first attempt at least 90% of the time, except in cases of intelligent disobedience
3. Maintain a good heel on leash, harness, Halti, or Gentle Leader
4. Lie quietly besides the handler or under a seat without creating an obstacle to others
5. Urinate or defecate only in appropriate designated places
6. Not solicit attention from strangers
7. Must work quietly in public without barking, whining or otherwise creating a distraction
8. Not growl, snarl, or show any aggression towards people/dogs
9. Not solicit or steal food items from the public

### **Acknowledgement of Standards and Guidelines**

I, \_\_\_\_\_, hereby acknowledge that I have received the information on the Code and Conduct of the VIP Service Dog Foundation .I understand and agree to abide by all VIP Service Dog Foundation guidelines, as well as all rules and regulations of the VIP Service Dog Foundation as explained to me during the time that I am affiliated in any way with the VIP Service Dog Foundation. This includes but is not limited to enrollment in any of the VIP Service Dog Foundation programs, volunteer services, staff, or Board of Directors. For finished teams, this also includes the working life of your team. With regard to proprietary materials, these rules shall always remain in force in the present or future. I understand and agree that if, at any time, I am found to be in violation of the VIP Service Dog Foundation Code of Conduct, I will be dismissed from the VIP Service Dog Foundation with no chance of reinstatement. I understand and agree that should this action become necessary, I am NOT entitled to a refund for any or all monies that have been paid up until that time, and will be responsible for all funds still due, or the dog must be returned to VIP Service Dog Foundation immediately. I understand and agree that should I have any questions regarding the standards and ethics, or rules and regulations as they have been presented, I may contact the VIP Service Dog Foundation by phone at 866-439-3362, or by email at: [vipservicedogfoundation@yahoo.com](mailto:vipservicedogfoundation@yahoo.com) to have my questions answered. I understand and agree that I will faithfully comply with any rules regarding annual training and policy review updates that may pertain to my role with the VIP Service Dog Foundation.

I acknowledge that I have reviewed the information presented to me and have no further questions. I understand the information as presented and agree to abide by the VIP Service Dog Foundation Code of Conduct.

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

Signature of Applicant/ printed name (or parent/guardian if applicant is a minor)

Date\_\_\_\_\_

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

Signature of Applicant/ printed name (or parent/guardian if applicant is a minor)

Date\_\_\_\_\_





## Physician Statement of Disability

This form must be completed by all individuals who require the SD for their own assistance and must be signed by applicant's licensed treating physician (MD or DO); letters from a counselor will not be accepted.

This is to certify that \_\_\_\_\_ is a patient under my care and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act (ADA) and therefore would be entitled to public access with a service dog. The criteria for disability determination under ADA Law are reprinted for your convenience, and are as follows:

AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY

2009 Section 902.1 (b) Statutory Definition

With respect to an individual, the term "disability" means

(A) A physical or mental impairment that substantially limits one or more of the major life activities of such individual.

(B) A record of such an impairment; or (C) being regarded as having such an impairment. 42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

The first part of the definition covers persons who have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s) he has a substantially limiting impairment. To fall under the first part of the definition, a person must establish three elements:

(1) That (s) he has a physical or mental impairment (2) That substantially limits (3) One or more major life activities. 902.2 Impairment

(A) General: The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment(s) he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment. A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s) he has bipolar disorder. Bipolar disorder is impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition A physical or mental impairment means

- 1) Any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic, and lymphatic, skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. By checking the boxes below, I certify that the above-named patient: meets the ADA criteria for disability under ADA Law.  is physically capable of participating safely in a service dog training program

Written description of diagnosis below: If need use a separate piece of paper:

Diagnosis \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

No stamps allowed

Address & phone # \_\_\_\_\_

**Physician, please fax this form to 866-439-3362 or mail Directly to  
VIP Service Dog Foundation P.O. Box 851 Oswego, IL. 60543**





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## Non-Compete Contract

\_\_\_\_\_ agrees that, during the term of **relationship**, he/she will not engage in competing business in the industry of **Service Dog training**, or with any other business that can in any way be deemed a competitor of **VIP Service Dog Foundation**, during **relationship**, and for a period of 36 months after termination of **relationship**.

Specifically, \_\_\_\_\_ may not, directly, or indirectly, own, lease, control, operate, participate in, manage, provide services for, consult with, advise, or permit his/her name to be used by any business that competes with **VIP Service Dog Foundation** in any way.

For the purposes of this contract, a "competitor" or "competing business" is defined as one that operates, in any capacity, in the **Service Dog training** industry, within a 150-mile radius of VIP Service Dog Foundation.

Any violation of the non-compete contract will result in a payment to VIP Service Dog Foundation in the amount of \$25,000 and all legal and court fees associated with the violation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Name: client or guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name: client or guardian

\_\_\_\_\_  
Signature





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## AUTHORIZATION TO RELEASE INFORMATION

Client Name \_\_\_\_\_ Gaurdian/Parent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

I authorize VIP Service Dog Foundation to release information of the above client to:

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

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

This authorization applies to release or discuss information involving VIP Service Dog Foundation and the client to only the names listed on this release.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Printed Name \_\_\_\_\_ Date \_\_\_\_\_





# Owner Participation Service Dog Application

V.I.P. Service Dog Foundation  
 P.O. Box 638 Hinckley, Illinois 60520  
[www.vipservicedogfoundation.com](http://www.vipservicedogfoundation.com)  
[vipservicedogfoundation@yahoo.com](mailto:vipservicedogfoundation@yahoo.com)  
 866.439.3362

## Information for Individual COMPLETING Service Assistance APPLICATION

Applicant Name: _____			
Name of Both parents or guardians)			
Street Address: _____			
City, State, Zip: _____			
Home Phone: _____		Mobile: _____	
Email Address: _____			
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Is everyone in involved want a service dog in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who would the Service Dog be Assisting? <input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Other		Your relationship to this individual: <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Self <input type="checkbox"/> Other	
If divorced, does the child go to another home for scheduled visit? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		If divorced, will child go to scheduled visits with the dog? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Application for a Service dog, or skilled companion?			
Are funds in place for dog? Yes or no			
Will donation be paid in full at placement \$4,500.00 minus the deposit donation paid with day visit of \$1,125.00 = \$3,3375.00 yes or no or			
Will donation be paid in 3 payments of \$1,125.00 plus the down payment of \$1,125.00= \$4,500.00 yes or no			
Companion dog payment schedule will vary due to fee variance.			
<b>Please complete only section that pertain to applicant Cross out sections that do not apply</b>			



**Veteran Information (If Applicable)**

Type of Discharge:	Branch:
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**Child's Information (If Applicable)**

Name:					
D.O.B.	Gender:	<input type="checkbox"/> Male	Height:		
		<input type="checkbox"/> Female	Weight:		
Birth Order:	<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup>				

Children ages 5-12 old must have an adult facilitator, unless VIP Service Dog Foundation has given written consent.	Adult Facilitator: Name: Name:
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**Physical Abilities or Limitations for Individual Requesting Service Assistance**

Physician Name:			
Street Address:			
City, State, Zip:			
Office Phone:			
Primary Diagnosis:			Age at Diagnosis:
Secondary Diagnosis (if Applicable:)			
Physician Order or Prescription for Service Animal Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No Documentation must be provided.	With Whom Does the Individual Being Assisted by the Service Dog Reside?	
What type of therapy is the individual involved in?			How many hours per week is the individual in therapies?
Are any durable medical aides used?	<input type="checkbox"/> Wheelchair: Full or partial <input type="checkbox"/> Manual <input type="checkbox"/> Electric	<input type="checkbox"/> Walker <input type="checkbox"/> Rollator <input type="checkbox"/> Cane	<input type="checkbox"/> Use of Oxygen

**Mobility Service Dog Request**  
Please complete the following section if applicable to applicant.



Motor Skills Assessment: Please rate the following on a scale of 1 - 4	1 = poor 2 = fair 3 = average 4 = excellent									
	Upper body strength	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Hand or grip strength	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Range of motion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Fine motor dexterity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Physical Mobility and Stability Assessment:	Will the service animal support or brace the applicant in walking or rising from a seated position?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Does the applicant have any restricted use?					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Is the applicant able to verbalize commands?					Hand commands?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the applicant experience any seizures?					<input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:				
Please describe the most significant symptoms of the applicant's diagnosis.										
Please describe or identify <b>two</b> tasks you feel a service dog may be able to assist?										
Through the placement of a service dog, what are your expectations or goals? Do you have any fears or concerns?										
<b>Autism/ Psychiatric Service Dog Request Please complete the following section if applicable to applicant need.</b>										
Behavioral Assessment: 0 = Not Applicable 1 = mild 2 = moderate 3 = frequent 4 = severe										



Please rate the following on a scale of 0-4	Seizures	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Panic Attacks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Mood Swings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Hallucinations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Nightmares	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Easily Awakened at Night	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Distractibility	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Racing Thoughts	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Impulsivity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Child Runs or Bolts Away	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Behavioral Assessment (continued): Please rate the following on a scale of 0-4	Hitting or Violent Outbursts (self)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Hitting or Violent Outbursts (others or property)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Verbal Skills	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	Is the child able to provide hand commands? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Will the service animal require a harness and tether attachment? (This connects the child and service animal)						<input type="checkbox"/> Yes <input type="checkbox"/> No					

How did you hear about VIP Service Dog Foundation?

- Referred by: \_\_\_\_\_
- Social Media:  Facebook  Instagram  Twitter
- Search Engine:  Google  Bing  House Other: \_\_\_\_\_
- News outlet: Event \_\_\_\_\_  Other: \_\_\_\_\_

Please list all medications :

Medication	Dosage	Purpose

Please note any health issues with

Heart                      Respiratory                      Neurological                      Orthopedic

Explain:

All applicants under the 18 years of age must always have a parent / legal guardian present. (no siblings\_)

**Information About the Environment for Individual Requesting Service Dog Assistance**



Applicant's Residence:	<input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex/Townhome	<input type="checkbox"/> Fenced Yard <input type="checkbox"/> Enclosed Area <input type="checkbox"/> Other:	Please describe:
Other persons in your home:	Name:	Age	Relationship
	Name:	Age	Relationship
	Name:	Age	Relationship
	Name:	Age	Relationship
	Name:	Age	Relationship
	Name:	Age	Relationship

Other pets in your home:	Please attach proof of vaccines		
Breed	age	gender	altered

Does the applicant require the assistance of an aide or family member for activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would this aide participate with the daily care of a service dog, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously had a service or assistance animal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe your experience and where was the dog acquired: Why do you no longer have the dog?
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As required by VIP Service Dog Foundation, are you able and willing to participate in mandatory on-going training sessions with a service dog? (Classes are held on Monday evenings in Naperville.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Will your funding come from fundraising/gift/or-donated monies to adopt a VIP Service Dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

All monies that have been acquired by fundraising /donated/gifted for the adoption of the VIP service dog will be required to donated directly to VIP service Dog Foundation and will not be tax deductible. Initials \_\_\_\_\_

In class you will be taught training techniques and appropriate behavior for your service dog. Additionally, you will be required to return to class on a scheduled day for re-evaluation. You will need to make yourself available for the



re eval NO videos will be accepted. Initials \_\_\_\_\_

**Applicant agrees and understands that the VIP Board of Directors decides service dog placement and training. Applicant agrees and understands that the applicant is not able to choose the breed/gender of the service dog. Applicant can refuse placement of selected dog. However, if a refusal of placement is due to breed, gender or color of dog VIP reserves the right to not continue a future placement Initials \_\_\_\_\_**

Applicants agree no press releases, articles or fundraisers will be allowed to use VIP Service Dog Foundation name, logo, or dog pictures without written preapproval of all contents Initials \_\_\_\_\_

Applicants agree no pictures will be allowed to be taken at class without written preapproval of all attendees during pictures Initials \_\_\_\_\_

**Applicant understands that the placement dog is still in-training and is not yet considered to be a fully trained service dog. Continued training is the responsibility of the Owner as the dog/handler work towards the successful ADPAC Test evaluation. Initials \_\_\_\_\_**

All Applicants understand class attendance is **mandatory** on bi-weekly Monday evenings in Naperville. Class schedule will be discussed at meet and greet. Initials \_\_\_\_\_

Applicant agrees prior a trial visit can be arranged a **minimum deposit of \$1,125.00** will be received by VIP Service Dog Foundation. This payment needs to be done by PayPal (family & friends only) No checks allowed. Initials \_\_\_\_\_

Applicant understands the process to place a service dog cannot be started without funds secured for placement and monthly payments Initials \_\_\_\_\_

Applicant agrees a day visit's then an overnight & possibly a weekend visits will be may be required before a final placement can be made. Initials \_\_\_\_\_

Applicant agrees a fee of \$200.00 will be accessed after the day & overnight visit if the applicants decides not to proceed with a dog placement. Initials \_\_\_\_\_

Applicants understands the dog will not be allowed to preform bracing, tethering, or pulling or attend school until the dog reaches a minimum of 24 months. VIP does not assist in school IEPs or issues. Initials \_\_\_\_\_

Are you planning on moving out of state within the next 18 months yes or no. Initials \_\_\_\_\_

All applications are kept on file for 1 year. After 1-year applicant must re-apply. Initials \_\_\_\_\_

**The information provided herein is true and accurate to the best of my knowledge.**

Applicant Signature or Parent/Guardian:		Date:	
Printed Name:		Relationship to applicant	
Applicant Signature or Parent/Guardian		Date:	
Printed Name:		Relationship	





			to applicant:	
<b>INTERNAL USE: Applicant DO NOT WRITE BELOW THIS LINE</b>				
Date Application Received:		Date Applicant Contacted:		Date Approved:
Service Dog:		Foster Family:		Donation: \$50.00 Check # or cash PayPal
Application Reviewed by:				

**All correspondence about the application must be in the form of an email to [vipservicedogfoundation@yahoo.com](mailto:vipservicedogfoundation@yahoo.com)**

**Please allow 5 business days for a response after all documents are received. This includes the doctor form. VIP can not process an application without the doctor form. If the doctor form is not received within 45 days of the application the application will be denied.**

