

APPLICATION FOR A SERVICE DOG (ADULT)

Dear Applicant,

Thank you for your interest in our Service Dog programme. An especially trained service dog can have a significant impact on the quality of life of a person with a disabling condition and their family and we are excited about the possibility of helping your family through one of our dogs. The key to a successful outcome, however, depends on making the best possible match between the service dog and your family.

Please go through this application carefully and complete all the sections in as much detail as you can. The information you provide will be used to evaluate and compare the temperament, characteristics and strengths of the dog with the lifestyle and assistance needs of your family. This means that, although applications are evaluated in the order in which they are received, we do not follow a first come - first served policy. Please understand that you may need to wait a year or more for a Service Dog to be matched with your family once your name has been added to the waiting list.

You will need to complete all of the following forms:

- Application Form (Part A)
- Letter of Reference (Part B)
- Medical History Form (Part C)

Please send the completed forms to:

Service Dogs Malta Foundation
c/o Joseph Stafrace
14, St Nicholas, Triq Belt il-Gmiel, Imtarfa MTF 1230

Or scan and send to servicedogsmalta1@gmail.com

Once your application form for an Emotional Support Dog is assessed we will contact you for an interview and to schedule an in-home evaluation.

If you have any questions please do not hesitate to contact our Operations Manager, Joseph Stafrace, on 7961 7814 or Robert Spiteri, our Head Dog Trainer, on 9944 2426.

Thank you once again for your interest in our programme. We look forward to working with you.

Part A

APPLICATION FOR A SERVICE DOG (ADULT)

Date: _____

How did you hear about the Service Dogs Malta Foundation?

(Please use a separate sheet of paper if more space is needed to reply to any question).

1. Personal information

Name _____ Date of Birth _____

Gender male female

I.D. No / Passport No _____

Address _____

Town _____ Post Code _____

Home Phone _____

Height _____ Weight _____

Diagnosis _____

Please include any secondary diagnosis, related or unrelated _____

2. Medical information

Primary Doctor _____ Clinic _____

Address _____

Phone _____

Please list all the medications you take and frequency

3. Household information

Please describe your residence (i.e. apartment, maisonette, house, one level, two levels, stairs/no stairs, yard, garden , pool etc.)

Do you rent, own or live in a family-owned property? _____

If you do not own your home, are dogs allowed by the owner? Yes No

Please list all people residing in your home:

Name

Relationship to you

Age

Describe your neighbourhood (ie. busy road, near a school, rural, close to neighbours, close to green area) _____

Have you owned a dog before? Yes No

If yes, when and for how long? _____

Do you currently have pets? Yes No

If yes, please list each pet:

Species Breed Age Spayed/Neutered Lives inside/out

Is any member of your household allergic to or afraid of dogs? Yes No

If yes, how do you plan to address this?

Do you often have guests in your home? Yes No

If yes, how frequently?

Where would your dog be when you are out (if the dog is not with you)?

If left alone, how many hours per day would the dog be alone? _____

How often do you travel? _____

Would you take the dog on trips with you? Yes No

How do you generally travel? Car Boat Airplane

Do you have any plans to move to another country in the near future? Yes No

4. Daily activity information

Your daily activity level is:

low moderate high

Describe your typical day (include morning routine, work, means of transport, evening routine etc.).

How has your condition impacted your family?

Describe how you see a Service Dog helping your daily routine.

Is there a specific service you would like the dog to perform that would positively impact your quality of life?

5. Work information

Occupation _____ Employer _____

Work Address _____

Work Phone _____ Hrs/week _____

Additional part-time work _____ Hrs/week _____

Please describe a typical day at work

Do you want the dog to go to work with you? Yes No

If so, have you discussed this with your employer and work colleagues? Yes No

If yes, what was their response? _____

How do you get to work?

I walk I drive Public transport I get a lift Other _____

6. A Service Dog in your home

Do you have the financial ability to provide daily and yearly care for a Service Dog? (Average monthly cost can be between €50 to €70) Yes No

Do you have experience training dogs? Yes No

Would you be able to attend “matching” training classes? Yes No

Once placed, would you be able to commit to ongoing training of the dog? Yes No

Would you be able to maintain a daily/weekly grooming routine? Yes No

Would your family accept the dog a member of your family? Yes No

Would you allow the dog to live inside your home? Yes No

Who would care for the dog in the event of an illness/emergency situation?

Name

Phone

Where and how will you provide the dog with daily exercise? _____

Are you physically able to handle the dog?

Yes No

Is there anything else that you would like us to know?

I certify that all information provided in this application is current, correct and complete.

Applicant's signature

Date

The Service Dogs Malta Foundation reserves the right to deny services to any applicant who does not meet the criteria necessary for placement of a Service Dog or who requires services which the Foundation does not cater for. Any information collected throughout the application process will only be used for application purposes and will be treated in strict confidence. The information found above will not be distributed to any third parties.

Part B

APPLICATION FOR A SERVICE DOG (ADULT)

Letter of reference

As part of the application process we require a letter of reference from a person of trust with a good standing in the community who knows you well but is neither related to you nor living at the same address. Kindly ask them to fill in the form below and send it directly to us. Please also sign the statement below allowing us to contact the person providing the reference below should we need further information.

I have no objection to the Service Dogs Malta Foundation contacting Mr / Ms/ Dr
_____ for further information in connection with my application for
a Service Dog should more information be needed.

Signature: _____

Date: _____

Part B

APPLICATION FOR A SERVICE DOG (ADULT)

Letter of reference

_____, is applying for a Service Dog through our organisation. Please take a moment to fill out this form which needs to be included with the application form.

Name: _____

Profession: _____

Phone No: _____ Mobile No: _____

I.D No: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

In your view, does the applicant's condition affect their functional abilities? Is so, please describe in what ways.

Do you think the applicant has the ability to handle a dog? Do you feel they have the ability to care for a dog? If not, do they have a support system in place that would be available on a daily / weekly basis to assist in the care of a dog?

Have you had any occasion to observe the applicant with their pets or other animals? How did they interact? If they have pets, are they well cared for? Do they live inside or outside the home?

Additional comments:

Signature: _____

Date: _____

Thank you for your assistance in providing this letter of reference for the applicant.

*Kindly send this form directly to:
Service Dogs Malta Foundation
c/o Joseph Stafrace
14, St Nicholas, Triq Belt il-Gmiel, Imtarfa MTF 1230*

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Part C

APPLICATION FOR A SERVICE DOG (ADULT)

Medical history/Consent form

This form is to be completed by your doctor, physical therapist, occupational therapist or any other healthcare provider who sees you on a regular basis (regular = weekly/monthly). Please also sign the statement below allowing us to contact the person filling out the form should we need further information.

I have no objection to the Service Dogs Malta Foundation contacting Mr / Ms / Dr
_____ for further information in connection with my application for
a Service Dog should more information be needed.

Signature: _____

Date: _____

The applicant is applying for a Service Dog to assist them in obtaining a higher level of independence. The Service Dogs Malta Foundation is a non-profit organisation that trains and places service dogs to assist with mobility impairment, hearing impairment, seizure disorders, autism, diabetes alert and developmental disabilities. Please take a moment to fill out this form to help us better assess this application.

Medical release of information consent

Dr / Mr. / Ms _____

Please release the requested medical information regarding my condition to the Service Dogs Malta Foundation. This information will be used to help Service Dogs Malta Foundation determine the feasibility of placing a Service Dog with our family to assist me. Thus, I give you permission to share this information. Thank you.

Applicant's Signature of Release

Date

Information about the Healthcare Provider

Name _____

Profession _____

I.D. No _____

Address _____

City _____ Postcode _____

Phone _____ Email _____

How often do you see the applicant? _____

What is the applicant's primary diagnosis? _____

Are there any secondary diagnoses? _____

Are any of these progressive? Yes No

Does the applicant have any difficulties with: (Tick all that apply)

- | | | | |
|------------------------------------|---------------------------------------|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> allergies | <input type="checkbox"/> balance | <input type="checkbox"/> emotionality | <input type="checkbox"/> social skills |
| <input type="checkbox"/> anger | <input type="checkbox"/> chronic pain | <input type="checkbox"/> impulsivity | <input type="checkbox"/> speech |
| <input type="checkbox"/> asthma | <input type="checkbox"/> depression | <input type="checkbox"/> motor coordination | |

Does the applicant use any assistive devices? Yes No

If yes, please describe below:

If the applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant?

Do you think that a Service Dog could be of assistance to the applicant?

Yes No

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Signature: _____

Date: _____

Thank you for your assistance in providing this letter of reference for the applicant.

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