

## APPLICATION FOR DIABETES ALERT SERVICE DOG (ADULT)

Dear Applicant,

Thank you for your interest in our Diabetes Alert Service Dog programme. An especially trained service dog can have a significant impact on the quality of life of a person with diabetes 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 Diabetes Alert 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](mailto: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 DIABETES ALERT 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 \_\_\_\_\_ Mobile No \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis \_\_\_\_\_

Please include any secondary diagnosis, related or unrelated \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 2. Medical information

Primary Doctor \_\_\_\_\_ Clinic \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please check the most appropriate description of your diabetes

Type 1 (Childhood)     Type 2, Non- Insulin Dependent

Type 1 (Adult onset)     Type 2, Insulin Dependent

How often do you experience hypoglycemia in a week? \_\_\_\_\_

How often are you unaware of their hypoglycemia? \_\_\_\_\_

How often do you need medical attention because of hypoglycemia? \_\_\_\_\_

What is a typical low blood sugar level for you? \_\_\_\_\_

What is the lowest blood sugar level you have experienced? \_\_\_\_\_

Please describe a typical hypoglycemia event. Please include any physical, emotional and psychological symptoms that you experience.

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Please list all medications you take and frequency

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Do you have any other physical challenges? Please describe any reduced strength, range of motion or sensitivity of any limb, neuropathy, difficulty with wound healing or other conditions that would need to be considered when matching you with a dog.

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Do you receive support from outside services?  Yes  No

What type and how frequently (daily/weekly)? \_\_\_\_\_

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### 3. Household information

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

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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

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

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

If yes, how do you plan to address this?

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Do you often have guests in your home?                      Yes  No

If yes, how frequently?

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

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

How often do you travel? \_\_\_\_\_

Would 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.).

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How has diabetes impacted your family?

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

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

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### 5. Work information

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Hrs/week \_\_\_\_\_

Additional part-time work \_\_\_\_\_ Hrs/week \_\_\_\_\_

Please describe a typical day at work

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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 Diabetes Alert Dog in your home

Do you have the financial ability to provide daily and yearly care for Diabetes Alert 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?

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

Applicant's signature

Date

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***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 this 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 DIABETES ALERT 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 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 DIABETIC ALERT 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 diabetes affect the functional abilities of the applicant? If so, please describe in what ways.

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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?

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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?

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Additional comments:

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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*

*Or scan and send to [servicedogsmalta1@gmail.com](mailto:servicedogsmalta1@gmail.com)*





## Part C

# APPLICATION FOR A DIABETIC ALERT SERVICE DOG (ADULT)

## Medical history/Consent form

*This form is to be completed by your doctor 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 Diabetic Alert 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, emotional support and therapy 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 information regarding my medical condition to the Service Dogs Malta Foundation. This information will be used to help the Service Dogs Malta Foundation determine the feasibility of placing a Diabetes Alert Service Dog with our family to assist me. Thus, I give you permission to share this information. Thank you.

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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 them?

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_



Please take into account the safety of the applicant and the dog. Please explain in further detail if you have concerns about the placement of a dog with this applicant.

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Do you think that a Diabetic Alert 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?

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Signature: \_\_\_\_\_

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

*Thank you for your assistance.*

*Kindly send this form directly 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](mailto:servicedogsmalta1@gmail.com)*