



BERGIN UNIVERSITY of CANINE STUDIES

5860 LABATH AVENUE, ROHNERT PARK, CA 94928 • (707) 545-DÖGS (3647) • (707) 545.0800 FAX • WWW.BERGINU.EDU

Dear Prospective Client,

Thank you for your interest in being matched with one of our wonderful service dogs! This packet includes the Assistance Dog Application, Medical History Form, and Service Provider reference form. Please read the instructions carefully, we cannot process applications until we have received all of the required information. If you have any questions about the application process please email us at servicedogrequest@berginu.edu.

A completed application includes the following:

1. A \$50 non-refundable application fee (waived for Veterans with service-related disabilities)
2. Your photo.
3. The completed Assistance Dog Application form (below).
4. The Medical History form completed by your physician or primary care specialist (below).
5. A personal letter of reference from a friend, teacher, or someone other than family.
6. A professional letter of reference from a therapist, social worker, teacher, or any other professional with whom you have contact.
7. A one-page letter stating your reasons for wanting a service dog and how you feel the dog would benefit you.

After a successful application review by our staff, the next steps in the process begin as we send you six social style forms (to be completed by people you select) and a preliminary interview form. You would then complete these forms per the instructions and return them to us. Once we receive all the social styles forms and the preliminary interview form we will contact you to schedule an interview.

If you are selected for placement please understand that it may take more than two years to match a client with a dog due to the high demand for assistance dogs and the necessity of matching each dog carefully to the personality and needs of each client. In addition, our primary focus is on the education of the human students enrolled in our degree programs, so we do not graduate as many dogs as a traditional service dog program that employs professional trainers.

Once a potential match has been determined you will be invited to attend the two-week Assistance Dog Client Training certificate course held at our Rohnert Park, CA campus. This class is taught by our Associates students who are earning their degree in Assistance Dog Education. The class will culminate in a graduation ceremony where your dog will be formally transferred from the student trainers to you. While attending this training our university policies will apply to you. Please review the sections in our university catalog beginning with the admissions section through the end of the catalog. The catalog is available online: www.berginu.edu/academics/catalog.html. The fees associated with receiving a service dog are: a \$2200 fee for the dog as well as a \$558 fee for the two-week training course (the dog and training course fees are waived for Veterans with service-related disabilities). Other expenses you will need to plan for are transportation, housing, food and entertainment expenses while attending the training course. Once you graduate with your dog you will be responsible for the ongoing costs of caring for your new partner including food, grooming and veterinary expenses.

Thank you for your interest in our program.



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Policy on Acceptance of Clients

Bergin University of Canine Studies is committed to providing equal opportunities for all applicants regardless of ethnicity/race, color, sex, age, religion, marital status, sexual orientation, disability, gender, national origin, medical conditions, status as a veteran, or political or organizational affiliation.

Bergin University places dogs with the following client population:

Service dogs are placed with adults and children with mobility limitations who can competently handle the dog and maintain its well being (with limited attendant or familial support).

Clients who are returning for a successor dog will have priority over newer clients.

Service dogs are placed with Veterans with Post-Traumatic Stress Disorder (PTSD) who can competently handle the dog and maintain its well being.

Facility dogs are placed with teachers, nurses, facility managers or others who work in care facilities.

Animal Assisted Therapy dogs are placed with counselors, psychologists, psychiatrists and teaching specialists who wish to integrate a dog into their clients' treatment plans.

Social/therapy dogs are placed with volunteers who agree to take the dog into schools, libraries, nursing homes and other care facilities to share the love of their dog.



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Assistance Dog Placement Overview

Students at Bergin University train and place service dogs as a part of the Assistance Dog Education degree program. Our main focus is providing these students with a thorough, in-depth and experiential education in the training and placement of service dogs. In order to maximize the involvement of our students, the service dog application process is all done via email. This allows us to review client communications with all of the students and to involve the entire group in the client communication process. We appreciate your understanding and willingness to help our students learn, and we hope that our students will, in turn, be able to help you by training and placing one of our wonderful service dogs with you.

Bergin University places the following kinds of dogs:

- Service dogs for people with physical disabilities who would benefit from help with tasks such as: retrieving items, pushing buttons for elevators and doors, turning lights on/off, and pulling a manual wheelchair. We will only place dogs with children who have the maturity, physical ability, and desire to command and care for the dog. If you are interested in applying for an assistance dog please complete the attached Application Packet.
- Service dogs for military Veterans who have been diagnosed with PTSD. If you are interested in applying for an assistance dog please complete the attached Veteran's Application Packet.
- Facility dogs to be placed with professionals working in health or education settings whose clients would benefit from interaction with a dog.* We have placed facility dogs in Veteran's hospitals, special education classrooms, and with the Special Olympics. To apply for a facility dog, please fill out the attached application.
- Animal Assisted Therapy dogs to be placed with counselors, psychologists, psychiatrists, and teaching specialists who wish to integrate a dog into their clients' treatment plans.* To apply for a facility dog, please fill out the attached application.
- Social Therapy dogs to be placed with individuals who will visit nursing homes, hospitals, participate in children's reading programs, etc.* We place Social Therapy dogs when we have a dog being released from our assistance dog program that has the right temperament for social therapy work. To apply for a social therapy dog, please fill out our release dog application on our website.



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- Facility, Animal Assisted Therapy and Social Therapy dogs provide invaluable benefits to the populations they serve, but they do not meet the legal definition of an assistance/service dog and do not have public access rights.

We do NOT train or place the following types of dogs. The Assistance Dogs International website (www.assistedogsinternational.org) has a list of accredited organizations that offer these valuable services:

- Balance dogs for people who need ongoing support while walking. It is too easy for someone with balance issues to be pulled off balance by a dog. We do train dogs to provide short term bracing to assist with activities such as rising from a seated position and negotiating stairs.
- Hearing alert/service dogs
- Medical alert dogs, including diabetic and seizure alert/assistance dogs
- Scent detection dogs including allergen and gas detection dogs
- Autism service dogs
- Dementia service dogs
- Psychiatric service dogs
- Emotional support dogs



Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application



Please note: Application must be completed by the applicant or answered under the direction of the applicant.

GENERAL INFORMATION

Name _____ Date of Birth _____

Your Birth Order (circle one) 1st 2nd 3rd 4th 5th 6th Other

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Fax (_____) _____

Height _____ Weight _____ Gender _____

Have you had a service dog from Bergin before? Yes No

Emergency Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

Place of Employment _____

Street Address _____

City _____ State _____ Zip _____

Work Phone (_____) _____ Fax (_____) _____

Attending school at _____

Street Address _____

City _____ State _____ Zip _____

School Phone (_____) _____ Fax (_____) _____



Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application



Bergin University of Canine Studies requests information and materials that may be considered confidential which will be used only for this *application* and not for any other purpose.

What is your marital status?

- Single Married Separated Divorced Other _____

What is your military status? Veteran Active Duty Not Applicable

What branch of the military were you in if applicable? _____

Were you a part of Paws for Purple Hearts? Yes No

If so, what location? _____ What was your role? _____

With whom do you live? (check all that apply)

- Alone With parent(s) With spouse or significant other
 With attendant With roommates Other _____

Where do you live? House Apartment Dorm Other _____

How long have you lived there? _____

Do you live with children or have children who visit regularly? Yes / No

How many children? _____ What are their ages? _____

Your living situation has a fenced yard an enclosed area neither

Do you own any pets? Yes. No. If yes, please identify types and number:

Have you participated in an in-patient or outpatient mental health program?

Yes. No. If yes, please explain: _____

Do you have any criminal history, been on parole or probation, have any pending charges or charged with driving under the influence? Yes. No. If yes, please explain: _____



Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application



Do you accept that use of a service dog will publicly identify you as a person with a disability? Yes. No. If no, please explain: _____

Are you able to travel to Bergin University's campus for your interview?
 Yes. No. If no, please explain: _____

I acknowledge that Bergin University does not provide financial assistance to clients. Yes. No

MEDICAL INFORMATION

Primary Disability _____ Age at Diagnosis _____

Cause of Disability (if known) _____

Secondary Disability/Medical Conditions _____

How many hours of attendant care you receive each week? _____

Please indicate any special instruction/consideration related to your disability/medical conditions (for example hyperreflexia management, seizure precautions, etc.)

Please list any medications, including medical marijuana, you are currently taking:



Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application



Please check each of the following using these number descriptions:
0 = non-applicable 1 = mild 2 = moderate 3 = severe

MOTOR IMPAIRMENTS -

Weakness Spasticity Coordination Other

SENSORY IMPAIRMENTS -

Vision Hearing Loss of sensation

COGNITIVE IMPAIRMENTS -

Attention Memory Problem solving Judgment

COMMUNICATION IMPAIRMENTS -

Comprehension Expression

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS –

- Depression Impaired Self-Esteem Hopeless / Helplessness
- Appetite Disturbance Suicidal Ideation Isolation
- Emotional Numbness / Detachment / Restricted Affect Lack of Empathy
- Anxiety Panic Attacks Hyper-vigilance Exaggerated Startle Response
- Sleep Disorder Nightmares / Flashbacks / Intrusive Thoughts
- Impulsivity Irritability / Anger Control Issues
- Substance Abuse : If applicable, please describe in more detail type & severity:

ADDITIONAL MEDICAL CONDITIONS -

- Cardiovascular disease Respiratory disease Diabetes
- Seizure disorder Chronic pain Neurogenic bladder
- Neurogenic bowel Other _____

ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

- Manual wheelchair Power wheelchair/scooter Walker Crutches
- Cane Orthosis Prosthesis Hearing aid



Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application



Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

No helper

- 7 Complete independence (timely, safely)
- 6 Modified independence (device)

Helper-modified independence

- 5 Supervision
- 4 Minimal assistance (you can perform 75% of activity)
- 3 Moderate assistance (you can perform 50% of activity)

Helper-complete dependence

- 2 Maximal assistance (you can perform 25% of activity)
- 1 Total assistance (you can perform 0% of activity)

Self-Care

- Eating Grooming Bathing Dressing-upper body
- Dressing-lower body Toileting

Sphincter Control

- Bladder management Bowel management

Transfers

- Chair, wheelchair Toilet Tub, shower

Locomotion

- Walk & Wheelchair Walk Wheelchair Stairs

Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.

Do you have:

- the capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper and timely veterinarian care for the dog?
- the capacity to meet the service dog's social and emotional needs throughout the dog's life?
- the ability, motivation and acceptance of the responsibility for using the dog appropriately?
- the financial means to travel for an interview in Rohnert Park, California, at a later date to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses) in Rohnert Park, the purchase price of a dog and the annual cost (food, veterinarian care, flea treatment, supplies, other medicine as needed) for a dog?



***Bergin University of Canine Studies
Paws for Purple Hearts
Assistance Dog Application***



If you have been involved in Paws for Purple Hearts, please read and check the box below:
 I hereby give my permission for Bergin University of Canine Studies and Paws for Purple Hearts to exchange information regarding my physical and/or psychosocial status for the purposes of fulfilling my application for a service dog.

The information on this application is correct to the best of my knowledge.

Applicant Signature

Date

If the applicant is a minor, or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

Parent or Guardian Signature

Date

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BERGIN UNIVERSITY of CANINE STUDIES

Applicant Medical History Form

This form is to be completed by your physician and sent by him/her directly back to Bergin University. Please sign the release (in box below) before giving the form to your physician.

Dr. _____

Please release the requested information regarding my condition to Bergin University of Canine Studies. This information will help determine my abilities in regard to the placement of an assistance dog.

Applicant's Name (please print) _____

Applicant's Signature _____ Date: _____

DOCTOR'S NAME _____

Type of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

Yes, you may contact me for further information or clarification if needed.

PATIENT INFORMATION:

What is this patient's primary disability? _____

What was the cause of the disability? _____

At what age was (s)he disabled? _____ Is this disability progressive? _____

Are there additional disabilities such as mild TBI? (If so, please identify)

Current Medications _____

Current number of hours of attendant care per week: _____

For Post-traumatic stress applicants: Is there an active mental health treatment plan? Yes No

If yes, is patient reasonably compliant with the treatment plan? Yes No



BERGIN UNIVERSITY of CANINE STUDIES

Applicant Medical History Form

Please check each of the following using these number descriptions:

0 = non-applicable

1 = mild

2 = moderate

3 = severe

MOTOR IMPAIRMENTS -

Weakness Spasticity Coordination Other

SENSORY IMPAIRMENTS -

Vision Hearing Loss of sensation

COGNITIVE IMPAIRMENTS -

Attention Memory Problem solving Judgment

COMMUNICATION IMPAIRMENTS -

Comprehension Expression

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS –

Depression Anhedonia Impaired Self-Esteem Hopeless / Helplessness

Appetite Disturbance Suicidal Ideation Isolation Homicidal Ideation

Emotional Numbness / Detachment / Restricted Affect Lack of Empathy

Anxiety Panic Attacks Hypervigilance Exaggerated Startle Response

Sleep Disorder Nightmares / Flashbacks / Intrusive Thoughts

Impulsivity Irritability / Anger Control Issues

Substance Abuse : If applicable, please describe in more detail type & severity:

ADDITIONAL MEDICAL CONDITIONS -

Cardiovascular disease Respiratory disease Diabetes

Seizure disorder Chronic pain Neurogenic bladder

Neurogenic bowel

Other _____

ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

Manual wheelchair Power wheelchair/scooter Walker Crutches

Cane Orthosis Prosthesis Hearing aid



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Applicant Medical History Form

Please identify FUNCTIONAL INDEPENDENCE MEASURE (FIM) levels for the following Motor activities based on this scale:

No helper

- 7 Complete independence (timely, safely)
- 6 Modified independence (device)

Helper-modified independence

- 5 Supervision
- 4 Minimal assistance (subject=75%+)
- 3 Moderate assistance (subject=50%+)

Helper-complete dependence

- 2 Maximal assistance (subject=25%+)
- 1 Total assistance (subject=0%+)

Self-Care

- Eating Grooming Bathing Dressing-upper body
- Dressing-lower body Toileting

Sphincter Control

- Bladder management Bowel management

Transfers

- Chair, wheelchair Toilet Tub, shower

Locomotion

- Walk & Wheelchair Walk Wheelchair Stairs

Service dogs can run into difficulties and create problems for the team if the patient does not use the dog appropriately and according to the law.

Would you expect that he/she:

- has the capacity to bathe, groom, provide proper nutrition, exercise and provide veterinarian care for the dog
- has capacity to meet the service dog's social and emotional needs throughout the dog's life
- has the ability, motivation and acceptance of the responsibility for using the dog appropriately



BERGIN UNIVERSITY of CANINE STUDIES

Applicant Medical History Form

Can you recommend this individual for an assistance dog? _____

Comments _____

If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:

- History of treatment resistance
- Consistent lack of insight regarding disability & related care needs
- Unstable home environment
- Unable to care for dog (either directly or with physical assistance of others)
- Potential for abuse of dog
- Potential for unsafe, unhealthy environment for dog

Do you have additional comments/concerns? If so, please explain _____

Physician's Signature

Date

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Client Reference – Service Provider

Date: _____

Name: _____

Phone: _____

Fax: _____

I hereby give my permission for the above-stated service provider to supply any information regarding my physical and/or psychosocial status to Bergin University of Canine Studies for the purpose of completing my application for an assistance (service) dog.

I also agree to inform all of my Service Providers that I have applied and for an assistance dog and if accepted, this dog may be able to go in public with me, including visits to my care professionals.

Client Name (Please print clearly)

Client Signature



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Service Provider Contact Information

Service Provider Name _____

Relationship _____

Phone #: _____

Fax #: _____

Service Provider Name _____

Relationship _____

Phone #: _____

Fax #: _____

Service Provider Name _____

Relationship _____

Phone #: _____

Fax #: _____