



CUSTOM CANINES

OWNER TRAINER ACADEMY

www.CustomCanines.org

Custom Canines Service Dog Academy • 6610 Fieldwood Road
Madison, Wisconsin 53718 • Phone: 608-444-9555 • Fax: 203-749-7450

APPLICATION FOR OWNER TRAINER ACADEMY

Personal Information

Before completing this application, please review the information on our website

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

Date of Birth: ____/____/____ **Male:** ☐ **Female:** ☐

Address: _____

City/State/Zip: _____

E-mail Addresses: _____/_____

Phones: **Home:** (_____) _____ **Work:** (_____) _____
Cell: (_____) _____

Do you believe you are capable of training your own Service Dog under the guidance of a Custom Canines Professional instructor? **Yes** ☐ **No** ☐

Please tell us the status of a dog you hope to train:

- ☐ I currently own the dog I want to train
- ☐ I plan to acquire the dog that I want to train

If you own your dog already, please describe your dog:

What is the Breed of your Dog: _____?

Dog's Name: _____

Sex: Male ☐ Female ☐ Spayed/Neutered Date (If Applicable) _____

Weight: _____ required if your dog will be pulling a wheel chair or provide mobility support.

Height at Withers: _____ required if your dog will be pulling a wheel chair or provide mobility support.

Please explain why you feel that the breed of dog you have will be best suited as your Personal Service

Dog: _____

What type of Service Dog are you looking for and types of tasks your dog perform for you.

- ☐ Assist with Mobility (walking/balance)
- ☐ Assist with Mobility (wheelchair)
- ☐ Physical Disability – Please explain: _____
- ☐ Retrieving Objects
- ☐ Psychiatric Disability (PTSD, panic, anxiety)
- ☐ Psychiatric Disability (other) please explain: _____
- ☐ Psychiatric Disability (Autism)
- ☐ Medical Response/Seizure Response
- ☐ Hearing Disability
- ☐ Other Please explain: _____

Are you completing this application for a minor child whom is disabled? Yes ☐ No ☐ Is that minor planning on having the service dog accompany them to school? Yes ☐ No ☐ Do they have an IEP? Yes ☐ No ☐

Will you be taking your Service Dog to work outside your home? Yes ☐ No ☐ Don't Know ☐

Define Your Specific Need for a Service Dog (please be as specific as you can):

Please describe the tasks you are expecting your dog to perform to help your disability:

Cause of Disability (please be as specific as you can):

What is your experience with training dogs, have you ever trained a dog before?

- ☐ No, not even a pet
- ☐ Yes a pet, over 5 years ago
- ☐ Yes a pet, in the past 5 years
- ☐ Yes, a Service Dog that I used and still use

Military Veteran Status (If Applicable)

Branch of Service: _____ **Rank:** _____ **AW2: (Circle)** Yes ☐ No ☐

Date of Disability: ____/____/____ **Active Duty Injury: (Circle)** Yes ☐ No ☐

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:

Emergency Contact

Nearest Relative: _____

Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Household Information

Names and ages of people living in the home and/or taking care of the disabled on a daily basis:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

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

Equipment/Assistive Technology

Please check equipment you currently use:

Wheelchair: Manual ☐ Power ☐ Both ☐ Crutches ☐ Hearing Aid ☐ Cane ☐ Prosthesis ☐

Wrist Braces ☐ Walker ☐ Leg Brace ☐ 3-Wheel Electric Scooter ☐

Other: (specify): _____

Strength Assessment

Rate your physical strength on a scale of 1 to 10:

(1 = Least and 10 = Most)

Right Hand: _____ Left Hand: _____ Right Arm: _____ Left Arm: _____

Right Leg: _____ Left Leg: _____ Upper Body: _____



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Medical History

Physician's Release

Pages 6 thru 8 to be completed by *Primary Care Physician* and returned directly to
Custom Canines Service Dog Academy



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Name of Doctor: _____

Please release the requested medical information regarding my condition to **Custom Canines Service Dog Academy**. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Applicant Name (please print): _____

Applicant Signature: _____

Doctor/Therapist Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Patient Status

Define primary disability:

Cause of disability:

Height: _____ Weight: _____

Attendant care, personal assistance required: _____

Are there significant secondary disabilities? _____ if yes, please describe:

At what age was the patient disabled? _____ is the disability progressive? Yes ☐ No ☐

Is there incapacity due to drug or alcohol abuse? (Check)? Yes ☐ No ☐

Effects of Disability (Please check all that apply)

Muscular Weakness ☐ Vision Impairment ☐ Memory Loss ☐ Hearing ☐ Deafness ☐

Speech Impairment ☐ Limited Mobility ☐ Delayed Development ☐ Reduced Stamina ☐

Spasticity ☐ Coordination Problems ☐ Range of motion, endurance, balance issues ☐ None ☐

Other: _____

Patient Side Effects (please check all that apply):

Balance ☐ Depression ☐ Allergies ☐ Anger ☐ Heightened Seizures ☐ Emotions ☐

Brittle Bones ☐ Chronic Pain ☐ Seizures ☐ Heat/Cold Sensitivities ☐

Equipment required (please check all that apply):

Wheelchair: Manual ☐ Power ☐ Both ☐ Crutches ☐ Hearing Aid ☐ Cane ☐ Prosthesis ☐

Wrist Braces ☐ Walker ☐ 3-Wheel Electric Scooter ☐ Leg Brace ☐

Other: _____

Modes of Transportation Used: Car: ☐ Bus: ☐ Van: ☐ Taxi: ☐

Does patient drive: Yes ☐ No ☐

Activity of Daily Living (ADL)

Please Indicate: "Y" = Yes "N" = No "S" = Slight

1. Able to sustain an attention span ()
2. Manifesting inappropriate behavior beyond his or her control ()
3. Able to control physical and motor movement sufficient to sustain ADL ()
4. Able to exercise judgment to make decisions necessary for ADL ()
5. Capable of perception and memory to sustain ADL ()
6. Able to follow directions and learn to a degree necessary for ADL ()
7. Under medication which impairs physical or mental functioning ()
8. Capable of decisions concerning self and others' needs and safety ()

Overall Assessment

Would you recommend this individual for a Custom Canines Service Dog Academy service dog?

Yes ☐ No ☐

Do you think Custom Canines Service Dog Academy would benefit from a consultation with you to help facilitate placement of a service dog for this patient? Yes ☐ No ☐

Do you think this individual has the ability to care for a dog or implement the help? necessary to care for a service dog? Yes ☐ No ☐

Additional Comments and Observations

Physician's Signature: _____

Date: ____/____/____

Please return the completed Medical History forms to:

Custom Canines Service Dog Academy
Attn: Nicole Meadowcroft
6610 Fieldwood Road Madison, Wisconsin 53718
Phone: 608.444.9555
Fax: 203-749-7450

Or attach and send -via- e-mail to:
nicole@customcanines.org

Personal Interests, Skills & Activities

Please describe your basic daily schedule, activities, interests, travel, hobbies, recreational activities. Do you foresee having your service dog accompany you in your daily activities and special events, if so to what extent?

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 **CCOTA**. *You must 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 Custom Canine Service Dog candidate. Please inform your vet that you are authorizing the release of these records/information to the **CCOTA** 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

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.

Reference # 1

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

Address: _____

City/State/Zip: _____

E-mail Addresses: _____/_____

Phones: Home: (_____) _____ Work: (_____) _____
Cell: (_____) _____

How long have you known them: Years: _____ Months: _____

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

Reference # 2

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

Address: _____

City/State/Zip: _____

E-mail Addresses: _____/_____

Phones: Home: (_____) _____ Work: (_____) _____
Cell: (_____) _____

How long have you known them: Years: _____ Months: _____

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

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?

Tell us how you feel about learning about service dog handling skills, attending training classes, working with other trainers and instructors, giving the time and energy needed to create and foster a working bond with a dog?

Tell us any other information about yourself and your application for the CCOTA that you would like to include:

Thank you for your application to CCOTA!



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CCOTA Application and Placement Policies

APPLICANT AGREEMENT

- I certify that the information I provided in this application is true and correct.
- I authorize Custom Canine Owner-Trainer Academy to contact any and all references to verify the information that I have provided.
- I acknowledge that any misrepresentation or falsehoods will disqualify our application. I also acknowledge that any misrepresentation/falsehood may result in expulsion from the academy. **CCOTA** reserves the right to refuse or deny any application.
- Applicants must attend at least one scheduled hands on training session per month in order to retain enrollment. Failure to comply may result in expulsion.
- I understand that the training classes I will be participating in will have others with disabilities in attendance. I will be respectful, understanding and non-confrontational with the other trainers. I will not discriminate against anyone based on their disability, race, religion, gender or sexual orientation. I will conduct myself in a professional and appropriate manor at all times, and I will follow all guidelines, policies and procedures detailed by **CCOTA**.
- **CCOTA** may require further medical information not included on this initial application in order to process your application.
- All applicant information will be kept confidential and the property of **CCOTA**.
- Applicant acceptance is decided without regard to race, religion, gender, or sexual orientation.
- I understand that a **CCOTA** certified 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.
- 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.
- I understand that all service dogs in public must be on leash, unless in a dog- designated and secure off-leash area.
- I agree to have my dog wear his/her vest in public and carry the ID card with me for purposes of identification as a **CCOTA** service dog.
- I agree that any cost for my own travel or my own accommodations or meals during the training and certification process is my own financial responsibility and not covered by **CCOTA**.
- I agree to participate in Public Access testing on a periodic basis as requested by **CCOTA**.

- I agree to fully participate in required monthly training sessions and to complete all curriculums in order to obtain certification.
- I understand that at any time during the training and certification process; if the **CCOTA** staff determines I am unable to meet the standards and expectations of the curriculum, safety for the service dog, class members, or staff, **CCOTA** reserved the right to expel me from the academy.
- I understand that if I move out of the **CCOTA** service area, I will be financially responsible for all expenses incurred if follow-up support is requested. This includes but is not limited to travel, room and board and the time spent with the instructor.
- The **CCOTA** Board of Directors reserves the right to change these policies at any time.
- I agree that **CCOTA** will be held completely harmless for any medical problems, behavioral problems or any incidents that may occur after training/certification of my service dog.

Applicant's Signature

X _____

Date: _____/_____/_____

Printed Name: _____

Signature of Person: X _____
Assisting With This Application

Printed Name: _____

Tuition and Fees: Tuition is **\$1500** and is expected to be paid in full at the time of registration. At this time, a commitment to a monthly fee of **\$75** for cost of materials and training will be required as well. This monthly payment will be canceled at the time of certification.



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