



**Wisconsin Academy
for Graduate Service Dogs, Inc.**
1338 Dewey Court
Madison, WI 53703
(608) 250 - WAGS (9247)
www.wags.net

Complete and mail application with the following items to WAGS:

- **\$25 Application Fee**
- **Completed Client Application**
- **Vaccination records for current pet(s) in home, if applicable**
- **List of medications you are currently taking and any side-effects**
- **Signed Applicant Agreement**
- **Autobiography**

The following forms should be completed and mailed directly to WAGS:

- **Medical History Form completed by your physician**
- **Professional Reference Form completed by OT, PT, rehabilitation counselor, psychologist or case worker**

TODAY'S DATE: _____

How did you learn about WAGS? _____

GENERAL INFORMATION:

Request Filled Out By: _____ Relationship: _____

Applicant Name (Last, First, Middle Initial): _____

Street, City, State, Zip: _____

Home Phone#: () - Email Address: _____

Work Phone#: () - Email Address: _____

WAGS uses email as its primary means of communication. Should we use: []Home []Work

Date of Birth: _____

DISABILITY INFORMATION:

Primary Disability: _____ Date of Disability Diagnosis: / /

Secondary Disability: _____ Date of Disability Diagnosis: / /

Is your disability progressive? Yes No If yes, please explain: _____

If disability is the result of an accident, please explain: _____

What is your current weight? _____ Height? _____

Sex: Female Male

➤ What, if any, assistance devices do you use?

Manual Chair Power Chair Scooter Walker/Crutches Other

➤ Check the types of transfer that you use.

Standing Pivoting Slide Board With help Other: _____

➤ How do you best communicate verbally?

Voice Letter board Interpreter Other: _____

➤ Walking:

Short Distances Only with support On level ground No Walking

➤ You can lift your arms:

RIGHT:

Above your head To your shoulders Only slightly

LEFT:

Above your head To your shoulders Only slightly

➤ Please rate your ability in the following areas: (please circle)

A. Voice: Normal Speech Somewhat Limited Very Limited Unable to speak

B. Lung Capacity: Normal Somewhat Limited Very Limited

C. Hearing: Normal Somewhat Limited Very Limited Deaf

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
D. Balance	4	3	2	1
E. Endurance	4	3	2	1
F. Mobility	4	3	2	1
G. Physical strength	4	3	2	1
H. Speed of reaction	4	3	2	1
I. Vision (with correction)	4	3	2	1

➤ Are you:	<i>Very much</i>	<i>Somewhat</i>	<i>Not very</i>	<i>Not at all</i>
A. Extra sensitive to heat?	4	3	2	1
B. Extra sensitive to cold?	4	3	2	1
C. Extra sensitive to pain?	4	3	2	1

Do you require attendant care? Yes No

If yes, please explain (# of hours/type): _____

➤ Check your means of transportation (check all that apply)

Drive self Driven by others Van with lift Bus Airplane

Other _____

➤ **On a separate piece of paper, please list all medication you are currently taking and any side effects.**

EMPLOYMENT INFORMATION:

What is your source of income?

job social security disability SSI AFDC pension

Other _____

Do you anticipate any changes in your employment situation in the future? Yes No

If yes, please describe: _____

If you are a paid employee (or volunteer), who is your employer?

Name _____ Supervisor _____

Street, City, State, Zip: _____

Work Phone: () -

Do you work full time part time hours/week _____

How long have you worked at your present job? _____

Please describe a typical work day: _____

If you do not work, why are you not working or no longer working? _____

HOUSEHOLD INFORMATION:

Do you live in a: House Apartment Condo Mobile Home Other _____

How many years at this residence? _____

Do you: Rent Own Live with parents/relatives Other _____

If renting, Landlord's Name: _____ Phone#: () -

Do you have a fenced yard? Yes No Type of fence: _____ Yes No

Does your current residence allow pets? Yes No

Does anyone in your household have allergies to animals? Yes No

If yes, please provide a brief explanation: _____

Have you ever brought an animal into a shelter or humane society? Yes No

Please explain: _____

Please list all members of your household:

Name	Age	Relationship

Please list all the pets you currently have in your household:

	Species/ Breed	Sex	Age/Weight	Neutered/Spayed	Length of ownership	Kept in the house
Pet #1:		M F		Yes No		Yes No
Pet #2:		M F		Yes No		Yes No
Pet #3:		M F		Yes No		Yes No
Pet #4:		M F		Yes No		Yes No

You must provide proof of vaccination for the animals listed above. Please send with this application.

Please explain what types of pets you have owned in the past, weight, where they lived (indoors or outdoors – kennel/run), where they stayed when you were not home and what happened to them (use back of form if necessary):

EDUCATION INFORMATION:

Are you currently a student? Yes No If yes, please check below:

middle school high school university Other _____

How many hours per day do you spend in school: _____

If you are not in school, what level of education have you completed?

high school college graduate school business/trade/technical school

PERSONAL INTERESTS & SKILLS:

Please describe typical daily schedule and activities. This information will give WAGS some insight into what it is you do, how you spend your time, and environments into which you regularly go.

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

Saturday - _____

Sunday - _____

Additional Comments On Schedule: _____

Please list hobbies or recreational activities that you enjoy that may not fall into your typical regularly scheduled activities listed above: _____

ASSISTANCE DOG INFORMATION:

➤ How important is it for you to have an assistance dog accompany you in public settings, (ie: restaurants, banks, stores, work, other public businesses)?

Very Important Somewhat Important Not Important

➤ Are you able to meet the needs of a WAGS dog such as feeding, grooming, toenail clipping, bathing, daily exercise, poop scooping, etc. or will you need someone to assist you with these tasks?

Can handle personally will need some assistance (who will assist?) _____

➤ Will you require assistance to attend the WAGS client training class (transportation assistance, attendant care assistance, etc.): Yes No

➤ Which of the following words best describes traits you **would want** in the dog: (Check all that apply)

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted |
| <input type="checkbox"/> slow | <input type="checkbox"/> calm | <input type="checkbox"/> playful |
| <input type="checkbox"/> manipulative | <input type="checkbox"/> stubborn | <input type="checkbox"/> willing |
| <input type="checkbox"/> attentive | <input type="checkbox"/> energetic | <input type="checkbox"/> sensible |
| <input type="checkbox"/> no-nonsense | <input type="checkbox"/> responsible | <input type="checkbox"/> smart |
| <input type="checkbox"/> protective | <input type="checkbox"/> resistant | <input type="checkbox"/> dependable |
| <input type="checkbox"/> stable | <input type="checkbox"/> confident | <input type="checkbox"/> happy |
| <input type="checkbox"/> sweet | <input type="checkbox"/> easy going | <input type="checkbox"/> jealous |
| <input type="checkbox"/> fearful | <input type="checkbox"/> independent | <input type="checkbox"/> assertive |
| <input type="checkbox"/> devoted | <input type="checkbox"/> submissive | <input type="checkbox"/> friendly |
| <input type="checkbox"/> dependent | <input type="checkbox"/> loving | <input type="checkbox"/> trusting |
| <input type="checkbox"/> excitable | <input type="checkbox"/> joking | <input type="checkbox"/> communicative |
| <input type="checkbox"/> foolish | | |

➤ Which of the following words describe traits you would **not** want in the dog: (Check all that apply)

- | | | |
|---------------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted |
| <input type="checkbox"/> slow | <input type="checkbox"/> calm | <input type="checkbox"/> playful |
| <input type="checkbox"/> manipulative | <input type="checkbox"/> stubborn | <input type="checkbox"/> willing |
| <input type="checkbox"/> attentive | <input type="checkbox"/> energetic | <input type="checkbox"/> sensible |
| <input type="checkbox"/> no-nonsense | <input type="checkbox"/> responsible | <input type="checkbox"/> smart |
| <input type="checkbox"/> protective | <input type="checkbox"/> resistant | <input type="checkbox"/> dependable |
| <input type="checkbox"/> stable | <input type="checkbox"/> confident | <input type="checkbox"/> happy |
| <input type="checkbox"/> sweet | <input type="checkbox"/> easy going | <input type="checkbox"/> jealous |
| <input type="checkbox"/> fearful | <input type="checkbox"/> independent | <input type="checkbox"/> assertive |
| <input type="checkbox"/> devoted | <input type="checkbox"/> submissive | <input type="checkbox"/> friendly |
| <input type="checkbox"/> dependent | <input type="checkbox"/> loving | <input type="checkbox"/> trusting |
| <input type="checkbox"/> excitable | <input type="checkbox"/> joking | <input type="checkbox"/> communicative |
| <input type="checkbox"/> foolish | | |

REASONS FOR REQUESTING A SERVICE DOG:

Please respond to the following on a separate sheet.

1. Please describe how your disability affects your life and your current level of independence.
2. What special tasks/skills would you expect a WAGS dog to perform for you?
3. What is your ultimate goal with a WAGS dog?

REFERENCES:

Personal Reference (not related to you) #1:

Name: _____

Street, City, State, Zip: _____

H or W Phone # (best): () - Relationship to you: _____

Personal Reference (not related to you) #2:

Name: _____

Street, City, State, Zip: _____

H or W Phone # (best): () - Relationship to you: _____

Professional Reference (not related to you):

Name: _____

Street, City, State, Zip: _____

Work Phone #: () - Relationship to you: _____



APPLICANT AGREEMENT

I, _____, certify that the information provided in this application is true and correct, AND understand and agree:

1. to give permission to WAGS, Inc. to verify this information through whatever reasonable means necessary.
2. that a \$25.00 non-refundable fee is required in order to apply for a WAGS, Inc. Service Dog, Family Service Dog or Home Helpmate Dog, and have enclosed my check or money order for that amount.
3. that clients and dogs are matched based on compatibility, training requirements, et cetera, and not on a “first come, first served” basis and regardless of breed, size, color or sex.
4. that, after receipt of this application package, Medical History and Professional Reference forms, WAGS will contact me about scheduling a personal interview that will take place at the WAGS facility.
5. that, if there are existing pets in the home, WAGS staff will determine if the pets are safe behaviorally and medically.
6. that I will maintain no more than one other dog in my household at the time of placement of a WAGS dog. Further, that I agree that if a WAGS dog is the sole dog in my household, I will not acquire another pet dog within the first year of placement.
7. that my current pet dog must come to the WAGS facility to interact with a WAGS dog in training. This may happen in conjunction with the personal interview at the WAGS facility.
8. that, WAGS will schedule a home visit and, if applicable, visit my work environment. If the personal interview involved pet dog interactions with a WAGS dog in training, a WAGS dog will be brought to my home to interact with my pet dog and/or other pets during this home visit.
9. that, if accepted, I will be added to the waiting list and understand that the wait to receive a WAGS dog is approximately 1-2 years.
10. that being accepted into the WAGS program does not guarantee placement with a dog. WAGS reserves the right during this process (up to and including Team Training) not to make a placement with any applicant who is, for any reason, not able to meet WAGS standards to manage care for an assistance dog effectively and safely.

11. that my acceptance into the WAGS, Inc. program will be decided without regard to race, religion, color, gender or sexual orientation.
12. that all information contained in this application will remain confidential and property of WAGS, Inc.
13. that I authorize my veterinarian to release any information requested by WAGS, Inc.
14. that I have the financial responsibility of caring for the assistance dog, providing quality food, veterinarian visits and all health care, professional grooming (if I cannot do the latter myself).
15. that all WAGS dogs must be on leash at all times in all indoor and outdoor public venues, unless that venue is a park or other facility with a designated, secured off-leash area. The dog's leash must be hand-held or otherwise attached to their handler or a wheelchair.
16. that I will receive from WAGS, Inc. at the time of my telephone interview, a current price for a WAGS dog that will be honored at the time of placement. I further agree to pay WAGS, Inc. as follows:
 - a. A \$100 registration fee for Team Training due the first day of class that will be deducted from the total placement fee due and
 - b. 50% of the purchase price for a WAGS dog paid at the time of placement, and 50% due 6 months from the date of placement (if WAGS approves placement).
 - i. For information for possible funding of a Service Dog, go to www.assistancedogunitedcampaign.org. Please call our office at 608-250-9247 to discuss further funding options.
17. that Team Training will take at least two weeks and that, given appropriate notice, I will make accommodations for this training.
18. that WAGS dogs are responsive, not responsible. A WAGS dog will not take responsibility for the safety of the recipient. A WAGS dog does not have the ability to identify if a situation is not dangerous versus a situation that is dangerous – such as traffic, strangers, parameter of safety, etc.

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

Print your name: _____

Signature: _____

Date: / /

Relationship, title or agency: _____



AUTOBIOGRAPHY

**WISCONSIN ACADEMY FOR GRADUATE SERVICE DOGS (WAGS)
MEDICAL HISTORY FORM**



This form is to be completed by your physician. Please sign below and have your physician return this form directly to the WAGS office. Any questions regarding this form should be directed to the WAGS Program Director.

PRINT NAME: _____

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

PRINT NAME: _____

SIGN NAME: _____

RELATIONSHIP, TITLE OR AGENCY: _____

FULL
ADDRESS: _____

PHONE NUMBER: _____

Please release to the Wisconsin Academy for Graduate Service Dogs (WAGS) any requested information regarding my condition. The information you provide will be used to evaluate and assess my application for consideration for acceptance into the WAGS program, and assist me with ancillary services. WAGS will keep this information strictly confidential, and will not share it with anyone but the professional staff of the agency that is involved in evaluating my application request or in providing services for me.

Applicant's Signature

Date

PLEASE RETURN PROFESSIONAL EVALUATION FORM TO:

WAGS
1338 Dewey Court
Madison, WI 53704
608-250-9247

**WISCONSIN ACADEMY FOR GRADUATE SERVICE DOGS (WAGS)
MEDICAL HISTORY FORM**

To the Physician: Please complete this form and return to the address listed on the previous page. This form is required to be returned to complete your client's application request. Please use additional sheets as necessary. Medical information about the applicant is kept strictly confidential and is required for three main purposes:

1. To determine the applicant's suitability for training with a dog in the WAGS placement program and assessing the applicant's mental and physical capabilities.
2. To plan a training program which takes into consideration the applicant's fitness and pre-existing medical conditions.
3. To provide appropriate care and welfare for the applicant should they be accepted by the WAGS training program and undertake the training at our facility which lasts approximately two weeks.

PRINT CLIENT'S NAME: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

TELEPHONE NUMBER: _____

PATIENT INFORMATION:

Years/months as physician to this client: _____

Date of last examination: _____

A thorough understanding of the applicant's disability allows the WAGS staff to draw from their experience in working with individuals with disabilities with regard to placing working dogs, to evaluate their ability to be successful in our training program and provide guidance to the applicant as to which category of placement they may be most successful in pursuing.

1. Please indicate and describe the applicant's primary disability: _____

2. What is the cause of the disability? Congenital Acquired

Implications: _____

Prognosis: _____

3. Are there any significant secondary disabilities? yes no
If yes, please describe: _____

4. Please describe the main physical effects of the disability on the applicant:

5. Is there any loss of strength or coordination in the applicant's:

Neck	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Lower Back	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Right arm	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Right hand	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Left arm	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Left hand	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Right leg	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____
Left leg	<input type="checkbox"/> yes	<input type="checkbox"/> no	comments: _____

6. Is the applicant able to walk? yes no
If yes, describe gait, distance the applicant is able to walk and if special equipment is required for ambulating:

7. Does the applicant require attendant care on a regular basis? yes no
If yes, please indicate the areas that attendant care is required:

8. Does the applicant's disability affect their cognitive abilities or functioning in any capacity? yes no If yes, please describe:

9. Does the applicant's disability affect their emotional expression in any capacity?
 yes no If yes, please describe:

10. Is the applicant receiving any prescribed medication which may impact physical, cognitive or emotional functioning negatively with regard to participating in a physically and intellectually demanding training program?
 yes no If yes, please describe:

11. Does the applicant have a history of alcohol or drug abuse?
 yes no If yes, please describe:

12. Is there a history of mental illness which is still being treated or could manifest itself again?
 yes no If yes, please describe:

13. Does the applicant have a history of seizures or epilepsy?
 yes no If yes, please describe:

If the applicant is accepted into the WAGS program, they will be required to attend a two-week instructional placement course. This may require that they participate at a more physically active level than they are presently used to in all types of weather and light conditions.

14. Is there any evidence of cardiovascular disease that might impair the applicant's ability to participate?
 yes no If yes, please describe:

15. Is there any evidence of respiratory disease that might impair the applicant's ability to participate?
 yes no If yes, please describe:

16. Are there any problems associated with the applicant's nervous system that might impair their ability to participate?
 yes no If yes, please describe:

As well as the physical exertion involved with the training program, there is a fair amount of mental exertion related to participating in the training course. Students are required to learn and apply several new skills and concepts during the course, which can be mentally fatiguing. There are also stresses related to the person being in unfamiliar surrounds, away from their normal daily routines and support network. Given this and the physically demanding nature of the WAGS training program, please indicate your assessment of the applicant's ability to:

	Would Cope Well	Would Cope Adequately	Would Experience Difficulties
17. Withstand the physical exertion of the course?	[]	[]	[]
18. Handle at least 2 – 1 hour practice sessions/day and 2 – 1 hour lecture sessions/day?	[]	[]	[]
19. Sustain attention to process information presented in a 2-week course, 5 days/week, 4 hours/day	[]	[]	[]

Partnership with an assistance dog requires not only learning and applying commands, but exercising decision making and judgment with regard to the management and maintenance of another being. Please give your assessment of the applicant's abilities with regard to the following:

PLEASE CIRCLE THAT WHICH APPLIES

20. Capable of perception to the degree necessary to manage another's activities.	YES	MINIMALLY	NO
21. Able to exercise judgment and make decisions quickly	YES	MINIMALLY	NO
22. Capable of decision making regarding self and others' needs and safety.	YES	MINIMALLY	NO

23. Are there any additional comments you wish to make that we might find helpful in evaluating your client's application?

24. Do you feel that WAGS might benefit from a consultation with you regarding client's application? yes no

If yes, in what areas? _____

Your Signature: _____ Date: _____

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS FORM

**WISCONSIN ACADEMY FOR GRADUATE SERVICE DOGS (WAGS)
PROFESSIONAL REFERENCE FORM**



This form is to be completed by an occupational/physical therapist, rehabilitation counselor, psychologist or case worker. Please sign the release below and have the professional return this form directly to the WAGS office. Any questions regarding this form should be directed to the WAGS Program Director.

PRINT NAME: _____

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

PRINT NAME: _____

SIGN NAME: _____

RELATIONSHIP, TITLE OR AGENCY: _____

FULL ADDRESS: _____

PHONE NUMBER: _____

Please release to the Wisconsin Academy for Graduate Service Dogs (WAGS) any requested information regarding my condition. The information you provide will be used to evaluate and assess my application for consideration for acceptance into the WAGS program, and assist me with ancillary services. WAGS will keep this information strictly confidential, and will not share it with anyone but the professional staff of the agency that is involved in evaluating my application request or in providing services for me.

Applicant's Signature

Date

PLEASE RETURN PROFESSIONAL EVALUATION FORM TO:

WAGS
1338 Dewey Court
Madison, WI 53704
608-250-9247

WAGS PROFESSIONAL REFERENCE FORM

Please complete this form and return to the address listed on the previous page. This form is required to be returned to complete your client's application request. Please use additional sheets as necessary. This information is required for two main purposes:

- 1) To determine if the applicant can potentially benefit from partnership with an assistance dog, as well as safely and effectively handle a working dog, and manage all aspects of the dog's care and well-being.
- 2) To determine the applicant's suitability for participating in the WAGS two-week training/placement course, assessing the applicant's physical and mental preparedness for this intensive training program.

CLIENT'S NAME: _____

NAME OF PERSON COMPLETING FORM: _____

TITLE: _____

AGENCY OR GROUP NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

LENGTH OF ASSOCIATION WITH CLIENT: _____

DATE OF LAST VISIT WITH CLIENT: _____

A thorough understanding of the applicant's disability, and how this impacts on their activities of daily living will assist the WAGS staff in evaluating the applicant's potential to be successful in our training program and to develop the handling skills required to manage and gain benefit from a working dog.

1. Please indicate the applicant's primary disability: _____

2. What is the cause of the disability? Congenital Acquired

Implications and prognosis: _____

3. Are there any significant secondary disabilities or related concerns?: _____

4. Please describe the main physical effects of the disability on the applicant:

5. Please describe any cognitive effects of the disability on the applicant:

6. Please describe any emotional effects of the disability on the applicant:

7. Prognosis and effect of condition on the individual's ability to perform activities of daily living (ADL refers to the ability to meet personal care needs, i.e., feeding, dressing, toileting, etc. as well as the ability to perform tasks necessary for independent living; i.e., managing aids or attendants, managing finances, maintaining home, acquiring needed outside services, etc.)

PLEASE CIRCLE THAT WHICH APPLIES:

8. Able to exercise judgment and make decisions necessary to sustain ADL?	YES	MINIMALLY	NO
9. Able to sustain attention span?	YES	MINIMALLY	NO
10. Able to control physical or motor movement sufficient to sustain ADL?	YES	MINIMALLY	NO
11. Capable of perception and memory to the degree necessary to sustain ADL?	YES	MINIMALLY	NO
12. Able to follow direction and learn to the degree necessary to sustain ADL?	YES	MINIMALLY	NO
13. Under medication which impairs functioning?	YES	MINIMALLY	NO
14. Capable of decisions concerning safety of self?	YES	MINIMALLY	NO

15. Capable of decision concerning safety of others? YES MINIMALLY NO
16. Capable of managing others? YES MINIMALLY NO

If the applicant is accepted into the WAGS program, they will be required to attend a two-week training course. This will require that the applicant participate at a physical level that could be possibly more active than they are presently used to. There is also a fair amount of mental exertion involved, as the students are required to learn and apply several new skills and concepts. Potential partnership with an assistance dog requires not only learning commands, but exercising decision making and judgment at a reactive level with regard to the management of another being. Given this information, please indicate your assessment of the applicant's ability to:

	Would Cope Well	Would Cope Adequately	Would Experience Difficulties
17. Withstand the physical exertion of the course?	[]	[]	[]
18. Handle at least 2 – 1 hour practice sessions/day and 2 – 1 hour lecture sessions/day?	[]	[]	[]
19. Sustain attention to process information presented in a 2-week course, 5 days/week, 4 hours/day	[]	[]	[]

20. Are there any additional comments you wish to make that we might find helpful in evaluating client's application?

21. Do you feel that WAGS might benefit from a consultation with you regarding client's application? [] yes [] no

If yes, in what areas? _____

Your Signature: _____ Date: _____

THANK YOU FOR YOUR ASSISTANCE IN COMPLETING THIS FORM