



Autism Anchoring Dogs

Portland, OR 97221

Phone: (503) 319-1613

<https://www.autismanchoringdogs.org>

Application for an Autism Anchoring Dog

Acceptance of this application does not guarantee a placement with AAD, nor a placement within any given time frame. Placements are based on a careful evaluation and match of the skills, needs, and personalities of dogs and people alike. Applicant acceptance is decided without regard to race, religion, gender, or sexual orientation.

General Information

Child's Name: _____
(First, Middle, Last)

Child's Information: DOB: _____ Gender: _____ Height: _____ Weight: _____ Waist: _____

Parent/Legal Guardian: _____
(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____/_____

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

Employer Name: _____ Work: (____) _____

If unemployed, for how long: _____

Do you: Own Rent* How long have you lived at this address? _____

House Apartment Townhouse Condo Mobile Home

*Landlord's Name: _____ Telephone Number: (____) _____

Parent/Legal Guardian: _____

(if different than Parent above)

(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

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

Employer Name: _____ Work: (____) _____

If unemployed, for how long: _____

Do you: Own Rent* How long have you lived at this address? _____

House Apartment Townhouse Condo Mobile Home

*Landlord's Name: _____ Telephone Number: (____) _____

Does the child stay overnight at any other homes? _____

Will there be someone at those homes to act as handler for the service dog? _____

Medical Information

Please provide copies of the most recent medical records, therapists notes, and if your child attends school, their most recent Individual Education Plan (IEP). AAD may require further medical information not included on this initial application in order to process your application for a service dog.

Pediatricians Name (please include any other professionals involved in your child's care which you feel will help process this application, on a separate sheet): _____

E-mail Address: _____ Phone: Work: (____) _____

Primary Diagnosis: _____ How long? _____

Any other condition: _____ How long? _____

Please elaborate or describe for non-medical staff: _____

Does this child attend school? Yes No If yes, name of school: _____

School District: _____ School Telephone Number: _____

Please indicate any of the following conditions that may apply. Attach additional pages if necessary to describe any of the behaviors below.

		Mild			Moderate				Severe		
Panic Attacks	0	1	2	3	4	5	6	7	8	9	10
Violence—to self	0	1	2	3	4	5	6	7	8	9	10
Violence—to others	0	1	2	3	4	5	6	7	8	9	10
Violence—to animals	0	1	2	3	4	5	6	7	8	9	10
Violence—to property	0	1	2	3	4	5	6	7	8	9	10
Nightmares	0	1	2	3	4	5	6	7	8	9	10
Night awakenings	0	1	2	3	4	5	6	7	8	9	10
Distractibility	0	1	2	3	4	5	6	7	8	9	10
Self-stimulating	0	1	2	3	4	5	6	7	8	9	10
Impulsivity	0	1	2	3	4	5	6	7	8	9	10
Difficulty focusing	0	1	2	3	4	5	6	7	8	9	10
Difficulty completing tasks	0	1	2	3	4	5	6	7	8	9	10
Freq. of wandering/elopement	0	1	2	3	4	5	6	7	8	9	10
Functional Speech	0	1	2	3	4	5	6	7	8	9	10

Please provide additional details concerning the disability or condition. Attach additional pages if necessary to describe any of the behaviors below: _____

Assistive devices used (if any): _____

How has wandering or eloping impacted your lives? _____

How do you see a service dog helping your child/family? _____

Handler health restrictions (i.e., range of motion, strength, endurance, balance): _____

Household Information

List ALL residents of your household, including regular visitors.

Name (first/last)	Month/year of birth	Relationship to applicant

Which adult will be the primary person responsible for your service dog team (this is the adult spending the majority of time with the wandering/eloping child)? _____

Do you have a completely fenced yard? Yes No

If yes, type of fence: Wood: Chain Link: Other: _____ Height (ft): _____

If no, or it is not completely fenced, how will you contain a service dog on your property? _____

Is there a pool? Yes No If yes, is it secured? _____

Has your child been taught to swim? Yes No

Check the following distractions outside your yard:

Neighboring Dog: Loose Dogs: Busy Street: Children: Other: _____

Pet and Veterinarian History

Do you CURRENTLY own any other pets? If so, please list them here (attach additional pages if necessary):

Name			
Species/ Breed			
Age (years)			
Male/Female			
Neutered, Spayed, or Intact			
Gets along with other dogs, children, cats, etc?			
Any behavior or medical conditions?			
Where is this pet kept during the day/night?			
How long have you had this pet?			

Veterinarian's Name			
Clinic Name			
Address <i>(include city/ state)</i>			
Phone number <i>(include area code)</i>			

The above listed Veterinarian is: My current Veterinarian
 The Veterinarian I plan to use with my new service dog

Are you able to meet the needs of a giant breed service dog? These needs may include (but are not limited to) regular veterinary care, vaccines, providing high quality dog food, grooming, exercise, play, behavioral upkeep, and yard clean up. Will you need assistance (either financially or physically), and if so, who will provide this assistance?

How do you foresee giving a service dog exercise and play? _____

Please read and initial the following:

_____ 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, and safety.

_____ I understand that all service dogs in public must be on leash, unless in a designated and secure off-leash area.

_____ I understand that my own pets must meet the behavioral and health standards of AAD in order for a placement to occur.

Personal References & Emergency Contacts

Please list **two** personal references. (NOTE: One reference must be a non-relative). Include name, address, e-mail address(s), telephone numbers, and related contact information.

Personal References

First Person: _____

(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

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

How many years have you known them? _____ How? _____

Second Person: _____

(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

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

How many years have you known them? _____ How? _____

Emergency Contact

Name: _____
(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

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

How many years have you known them? _____ How related? _____

Please initial the following:

_____ I understand that the processing of this application may require a visit to my home by a representative of the organization. All members and pets living in the household must be present at the time of the visit.

_____ I agree to fully participate in home visits, interviews and training sessions as directed by AAD during the application/placement process.

_____ I understand that at any time during the placement process; if the AAD staff determines I am unable to meet the standards to manage care and safety for the service dog, AAD reserves the right to terminate placement.

_____ All service dog handler information will be kept confidential and the property of AAD.

_____ I agree to have my service dog wear its vest in public and carry the autism anchoring service dog identification (ID) card with me for purposes of identification.

_____ I agree that any travel, accommodations, or meals accrued by myself or AAD staff during the placement process are my own financial responsibility.

_____ I agree to participate in Public Access testing on a periodic basis as determined by AAD.

_____ If I can no longer keep the dog, I agree to notify the staff of Autism Anchoring Dogs before giving, selling, surrendering, or otherwise transferring ownership, physical possession, or responsibility to ANY other parties. AAD will determine the best possible outcome for the service dog, taking into account the circumstances that have caused the inability to keep the dog with the client. In the case of changed medical conditions or the client's death, it may be determined that the family retains the dog if they so desire and are able to provide appropriate care.

_____ I agree that AAD will be held completely harmless for any medical problems, behavioral problems, or any incidents that may occur after placement of the service dog.

_____ The recipient agrees to follow AAD recommendations and/or requirements after placement for maintaining training, behavior management, veterinary care, health, care, grooming, and Public Access testing for re-certification.

_____ Autism Anchoring Dogs reserves the right to change these policies at any time.

By completing and signing this application:

1. I certify that all information provided is true and correct.
2. I authorize AAD to contact any and all references, doctors, landlords and/or employers to verify the information that I have provided.
3. I acknowledge that any misrepresentation or falsehoods will disqualify the application. I also acknowledge that such misrepresentation may result in termination of the placement. AAD reserves the right to refuse or deny any application.

Applicant's Signature: _____

Printed Name: _____ Date: _____

Please attach and send via e-mail to:

applications@autismanchoringdogs.org

Or mail to:

**Autism Anchoring Dogs
Attn: Applicant Handler Review
5908 SW 45th Ave.
Portland, OR 97221**



Thank you for your application to Autism Anchoring Dogs!