



Canines Helping Independent People, Inc.

2322 44th Street, NW

Canton, Ohio 44709

Phone (330) 493-7643

Fax (330) 493-7643

A Service Dog and Educational Training Program

INDIVIDUAL TRAINING APPLICATION

Date _____

Name _____ Age _____

Date of Birth _____ Social Security Number _____

Address _____

Street

City

State

Zip

County

Home Phone _____ Work _____

Area Code

Number

Area Code

Number

Number of years at current address _____

Weight _____ Height _____ Date of disability _____

Cause of disability _____

How many people live in your home? (excluding you) _____ What are their ages?

Do you live in a house, apartment, group home, etc.? _____

If other than a home, explain _____

Type, age and gender of the dog you are wanting to train? _____

Are there any other animals in your house? Yes No

Do your pets live inside or outside? _____ How long have you had pets? _____

Do you have access to a yard for a service dog to be exercised? _____ If not explain.

MOBILITY (check all that apply.)

Walk normally _____

Crutches _____ (one or two)

Walk slowly but steadily _____

Cane _____ (one or two)

Walk unsteadily _____

Use walker _____

Non-ambulatory _____

Braces _____

Individual Training Application (cont.)

Page Two

Wheelchair: Manual _____ Electric _____

Artificial Limb _____ (Explain) _____

Use lap board _____ Use all or part of the time _____

(Height of the lap board from the floor) _____

Are you right-handed or left-handed _____

Describe any limits in hand or arm movements _____

OTHER IMPAIRMENTS

Is your speech, hearing, or vision impaired? _____ Explain _____

Describe any learning disabilities you might have. _____

Describe any other physical condition. _____

What would you like your dog to be trained to do?

Picking up dropped items _____

Turning appliances on an off _____

Carrying items _____

Retrieving cordless telephone _____

Poor balance in walking _____

Difficulty on stairs _____

Getting up from the ground _____

Getting up from a seated position _____

Getting help in case of an emergency _____

Other _____

Individual Training Dog Application (cont.)

Page Three

Do you work or go to school? _____ If yes, explain. _____

Describe any regular activities or hobbies you enjoy. _____

Describe a typical day. _____

Would you describe yourself as:

Active

Very Active

Inactive

List any clubs, groups, etc., that may be willing to sponsor the cost to train and place a service dog. _____

Person to contact if we are unable to reach you.

Name _____

Address: _____

Phone (include area code): _____

Relationship: _____

I the undersigned clearly understands that Canines Helping Independent People, Inc. makes no warranties or representations about the Dog. CHIP is *ONLY* going to be working with me to train me on how to train my privately owned Dog and under no circumstances is responsible for the dog's ability to perform the skills it is trained to do.

The undersigned acknowledges that CHIP has no further responsibility for the Dog. The undersigned hereby releases and discharges CHIP from any and all liability in connection with the Dog, the Dog's condition, health, behavior, training, or temperament, and any other aspect, characteristics, or feature of the Dog.

I further understand and accept that there is a fee for each training session and a final amount due at graduation.

