

HOME COMPANION DOG APPLICATION

| SECTION 1 Applicant's Name: | | Date: | |
|--|---|--|-----------------------------|
| Pronouns: mark all that apply | | | |
| ☐ She/her ☐ He/him | ☐ They/them ☐ Xe/xem | □ Other: □ I decline to answer | |
| between one and two years of age home companion dogs do not have | . While they have learned the advanced skills of a f | cation. Our home companion dogs are gene their basic obedience skills and "house man full service dog. Additionally, the home com nerican with Disabilities Act, like a full service | nners," panion dog |
| therapeutic value for their recipient professionals to provide the therap dogs will not be placed in a housel generally placed with individuals w | companion dogs are all eutic benefits to help the roll or environment where ho would have difficulty ra | tting, and generally provide unconditional lo lso placed as "Therapy" dogs with health ca needs of their client. In most cases, home of a another dog is present. Home companion hising and/or training a dog for their personal es from our facilities in Cochranville, PA. | re companion dogs are |
| | meet with you for an inter- | t be included with the application. After with view. If accepted into the program, your nar | |
| | eartworm and flea/tick pre | completing a written report every year, keep eventive), and ensuring the dog is in a loving ement. | |
| privacy of its applicants and recipie | ents and all information is l | sistance Dogs International. CPL respect kept confidential although files may be perion ment to the highest standards of excellence | dically |
| against anyone on the basis of rac disability, sexual preference, life ex | e, color, religion, gender, r spectancy, or whether the | ice process in a manner that will not discriming national origin, age, the presence of mental individual is a disabled veteran or veteran or or veteran or or comes in contact with the organization with response to the contact with the organization with the organization with response to the contact with the organization with the or | or physical f any era. |
| At no time will Canine Partners for marketing activities. | Life require applicants, stu | udents, or graduates to participate in fundra | ising or |
| I have read, understand, and agr (parent/guardian please initial if | | application (please initial):ge of 18 years): | - |

| SECTION 2 Applicant's Name: | Date: |
|-----------------------------|-------|
| Applicant s Name. | Date |
| | |

What to expect when you apply for a home companion dog:

• To travel, at your expense, to CPL for an interview. All members of the immediate family must attend the interview.

What to expect if accepted to waiting list:

• To wait approximately one to three years to be matched with a dog.

What to expect when a dog is selected:

- To purchase basic supplies for dog cost approximately \$200.
- For all members of the family to attend a 3 hour Zoom training session and in home training at the time of placement.
- To provide a requested \$600 donation to CPL at the time of placement.

What to expect after your placement:

- Follow-up with a CPL trainer via phone or email daily for the first week, weekly for the first month, and monthly for the first 6 months of the partnership.
- To allow an adjustment of approximately one to two months for your dog to become acclimated to your home.
- To attend a CPL graduation ceremony so that the volunteers and donors involved in your dog's training may be acknowledged. Graduation is held three times annually on Sunday afternoons in. Your dog should wear any training aids provided at the time of placement to graduation.
- To complete and return an Annual Follow Up Report form, with dog's health records and applicable state or local licenses, every year for the life of the dog.
- Follow up training is always available from CPL staff.
- To maintain current veterinary health care according to CPL guidelines. Food will cost approximately \$90 per month. Other health responsibilities/expenses include monthly heartworm preventives, flea preventives, necessary vaccinations, grooming and emergency veterinary care.
- To join the CPL family for life!

What to expect from your dog:

- Home companions are well socialized pets with reliable housebreaking and good basic obedience. They are not trained to perform physical tasks such as retrieval.
- Home companion dogs do not have public access under the Americans with Disabilities Act and may not be represented as service dogs for access to public facilities and housing.
- Home companion dogs must always be held on leash or kept in a securely fenced area with direct supervision when outdoors.
- While a home companion dog can provide emotional benefits and companionship to children with disabilities, a dog should not be expected to take the place of an adult caretaker. Dogs and young children should always be supervised.

| I have read, understand, and agree to comply with SECTION 2 of this application | |
|---|--|
| (please initial): | |
| (parent/guardian please initial if applicant is under the age of 18 years): | |
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| SECTION 3 Applicant's Name: | Date: |
|---|-------|
| Contact person (if not applicant) and phone number: | |
| All Parents/Guardian's names if Applicant is under the age of 18: | |
| Phone numbers of Parents/Guardians: Applicant's Address: | |
| County: | |
| Phone: (Home)(Work) | |
| E-Mail Address: Weight: | |
| Presently:StudentEmployedUnemployed | |
| Are you a veteran? Yes No | |
| Emergency Contact Person/Telephone: | |
| Please list current grade and school or current occupation & employ | ver: |
| Please note type of disability and add age of onset: | |
| Do you currently own and operate a motor vehicle? | |

| SECTION 3 CONTINUED Applicant's Name: Date: |
|---|
| Do you have any pets? Please list type, breed and ages. Please note – In most cases a Home Companion dog will not be placed in a household with another dog. |
| Please list your sources of income and monthly amount: |
| Please list all the people residing in your home and their ages: |
| Do you own or rent your home? If you rent, do you have a pet policy? If so, please include a copy of the policy or a letter from your landlord permitting the dog to be present. |
| Do you have any experience working with animals? If yes please explain: |
| Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect or harm to animals?YesNo |
| |

| SECTION 3 CONTINUED Applicant's Name: Date: |
|---|
| In order to select an appropriate canine companion for you we ask that you complete the following questions with as much information as you feel is necessary for use to get to know you. |
| Please describe your home/family and general schedule: |
| |
| Do you have a fenced in yard? |
| If no, are you willing to <u>always</u> walk the dog on a leash? |
| Approximately what percentage of the day are you away from home? |
| Do you travel? If so, where and how often? |
| |
| Who referred you to CPL? |
| I have completed SECTION 3 of this application to the best of my knowledge and with information that is true and correct. |
| Applicant's Signature: |

| SECTION 4 Applicant's Name: | Date: |
|---|--|
| Please include with your application the following: | |
| 1. A PHOTO OF THE APPLICANT | |
| 2. <u>A LETTER OF RECOMMENDATION</u> This letter must be written by someone outside of | of your immediate family. |
| 3. A LETTER FROM A LOCAL VETERINAR be caring for the dog's health and will cooperate dog's records. | IAN OF YOUR CHOICE saying that they will with CPL's follow-up when we ask to review the |
| activities and personality. Through a detailed de | |
| 5. A FLASH DRIVE VIDEO OF THE APPLICATION Please send us a VIDEO showing us around you pets. You may also want to include your school lot of time. | |
| 6. \$100 NON-REFUNDABLE APPLICATION F | PROCESSING FEE |
| Please read the following paragraph carefully: I understand the term "companion dog" refers to a dog to that while the home companion dog has learned "house advanced training of a full service dog. Unlike the full spublic access under the Americans with Disabilities Act public access rights. Under no circumstances is the home facility where pets are not routinely allowed unless give companion dog to be represented as a full service dog. All adults residing in the applicant's household must sign term "home companion dog", and understands and agree above. | manners", he/she has not received the more service dog/recipient teams who are permitted to the home companion/recipient teams do not have the companion dog allowed to go into any public ten special permission. In no way is the home |
| Name | Date |
| Name | Date |

| SECTION 5 | | |
|-------------------|-------|--|
| Applicant's Name: | Date: | |
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Canine Partners for Life

Complaint Policy for Non-employees

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning CPL practices has the right to file a complaint according to procedures outlined in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above, that person has the right to appeal directly to the Executive Director.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers should discuss issues with the Volunteer Coordinator, donors with the Director of Development, and applicants/students/recipients with their trainer. If a solution cannot be reached, the person may present a formal complaint, in writing, to the Executive Director. Following the same protocol, complaints about the Executive Director should first be brought to her attention and then to the Board President if necessary. The President may be reached through CPL's mailing address. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, CPL attempts to resolve a complaint within 20 working days from the time of its initiation. If an extension of the time limit becomes necessary, all involved parties will be notified.

| I have read, understand, and agree to SECTION 5 of this application. |
|--|
| Applicant's Signature: |
| Parent/Guardian's Signature if Applicant is under the age of 18 years: |

Return this complete application along with the items listed on page 6 to the address noted below. Please allow 2-3 weeks for processing. If you have further questions regarding the Canine Partners for Life application or home companion program, please call (610) 869-4902 x 212.

Canine Partners for Life, P. O. Box 170, Cochranville, PA 19330 www.k94life.org • info@k94life.org • Fax (610) 869-9785