



ADDENDUM TO APPLICATION FOR ACCELERATED O&M TRAINING (FOR CONTINUATION TO DOG TRAINING)

PLEASE PRINT OR TYPE

CURRENT HOME AND LIVING ENVIRONMENT

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact Name _____

Emergency Contact Phone _____

Emergency Contact Relationship _____

How long at current address? _____

Do you anticipate a move within the next year? _____

Does your home have a fenced in yard? ☐ Yes ☐ No

Have you ever owned a dog? ☐ Yes ☐ No Any pets in the home? ☐ Yes ☐ No

If yes, please indicate gender, age, breed/species _____

CURRENT PERSONAL AND HEALTH INFORMATION

Have there been any changes in your physical, emotional, mental or behavioral limitations since attending orientation and mobility training at Leader Dog? If yes, please describe

TRAINING

Our research indicates the yearly cost of caring for a dog is approximately **\$900.00** (food, basic preventative vaccinations, parasite control). Can you financially afford this?

☐ Yes ☐ No If no, explain _____

How do you expect a Leader Dog to assist you? _____

Are you or anyone in your home allergic to dogs? ☐ Yes ☐ No

If yes, explain _____

Our instructors are highly trained to match specific dogs to clients. We train Labrador retrievers, golden retrievers and German shepherds. Do you have a **strong preference *for* or *against* a particular breed/gender?** If so, why? _____

What is your availability for training? _____

Providing you are approved for training, what is your preferred format to receive lecture information? ☐ Large Print ☐ Braille ☐ CD ☐ MP3 ☐ Email

CURRENT TRAVEL SKILLS AND TRAVEL ENVIRONMENT

How far do you walk on a daily basis? _____

Describe your daily routine and travel activity _____

Do you cross streets independently? ☐ Yes ☐ No

How do you determine traffic direction? _____

Does your travel area involve: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Gravel Roads |
| <input type="checkbox"/> Residential | <input type="checkbox"/> No Sidewalks | <input type="checkbox"/> Gravel Shoulder |
| <input type="checkbox"/> Country | <input type="checkbox"/> Broken Sidewalks | <input type="checkbox"/> Hard Surface w/No Shoulder or Sidewalks |
| <input type="checkbox"/> School/Campus | <input type="checkbox"/> Escalators | |

Are your traffic conditions ☐ Heavy ☐ Moderate ☐ Light

Which describes your methods of travel on a daily basis: (Check all that apply)

- ☐ On Foot ☐ Bus ☐ Dial-a-Ride ☐ Private Transportation ☐ Subway ☐ Cab ☐ Train

Additional information or description of area you will be working with the dog _____

I understand that completing this form places neither myself nor Leader Dogs for the Blind under any obligation for services. This information is only intended to assist Leader Dogs for the Blind in determining my eligibility for services.

I acknowledge that the above information is true and that any falsified information may result in denial of services.

I am knowledgeable of the fact that Leader Dogs for the Blind assumes no liability in case of accident during my training period. I hereby release Leader Dogs for the Blind, its officers and employees from any such liability.

Applicant's (or Guardian's) Signature _____ Date _____

Witnessed by _____ Date _____