



Dear Service Dog Applicant,

Our mission at Starfleet Service Dogs, Inc. is to professionally task-train, match, and sustain service dogs to mitigate an individual's mental or physical disability. If you or someone you know, would benefit from a life changing service dog, please read the information on our website (including the FAQs) at www.starfleetservicedogs.org and then fill out the following application below. This application also includes a **REQUIRED MEDICAL FORM** that is to be filled out by **ONLY a Medical Doctor (M.D.) or a Doctor of Osteopathic Medicine (D.O) who is part of your ongoing medical team.** Any information you choose to provide is used for the sole purpose of creating the best matched dog/handler teams possible. If you need accommodations in order to successfully fill out the attached documents please contact us. In order to help us help you, please provide honest and complete information. Starfleet Service Dogs, Inc. is a 501(c)(3) non-profit, and we are working to apply for ADI candidacy. To meet our trainers and dogs please email, facebook message, or call. Thank you for your interest.

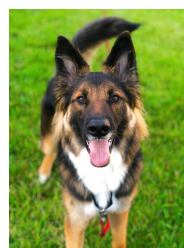
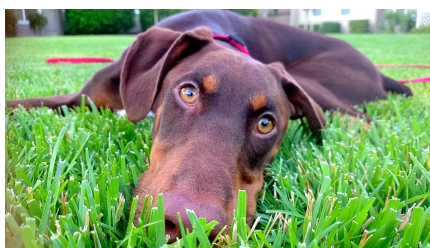
Jennifer Barnhard, President/Founder
Starfleet Service Dogs Inc.

Any Questions or Concerns please contact us as listed below

Social Media: @starfleetservicedogs

Email: info@starfleetservicedogs.org

Phone: 301-509-6742





Our Application

1. Our Program
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 - b. Diabetic Alert Dog
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-



Our Program

Starfleet Service Dogs Inc. (SSDI) specializes in training multidisciplinary service animals because we understand that each individual's needs are different. We currently combine the tasks for: Wheelchair assistance, Mobility work, Counter-balance work, Cognitive Support, Medical alert(A) and response(R) (Seizure R, Cardiac A/R, Respiratory A/R, Diabetic A/R, and Allergen A/R), Autism support, Hearing/signal, Psychiatric A/R, and Combat and Non-combat PTSD.

Additionally, we believe in individualized training programs for each of our dogs. SSDI operates as a non-profit rescue and we specialize in rescuing, rehabilitating, and training large breed dogs. We look for dogs with the drive to work that are eager to please, regardless of their previous background and subjective characteristics.

Our training philosophy heavily emphasizes intelligence over obedience. We use training methods that allow our dogs to predict the world in a logical way to make informed decisions about their actions. Our dogs are taught concepts, an understanding that can be transferred and applied to situations the dog has never encountered before. These concepts are used by our dogs to navigate their environment with confidence and autonomy.

SSDI offers three types of service dog training: Owner Trained, Owner-Assisted Trained, and Academy Trained. Owner Trained service dogs are owned by clients and are evaluated into our Service Dog Training Program. Owner trained dogs live with the client and the client works with SSDI trainers to progress the dog through the phase program. This is accomplished by attending training sessions and having clients practice the weekly lessons between sessions. Wait times for an Owner Trained dog averages a week to account for scheduling and proctoring evaluations.



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Owner-Assisted Trained dogs are found and evaluated by SSDI for the client's individual needs. The dog and client work with SSDI trainers to complete our Service Dog Training Program. The client trains the dog by teaching the dog new concepts and commands taught to the clients by our trainers. Wait times for an Owner-Assisted dog range from a few days to a few months once Phase 0 has been completed and passed.

Academy Trained dogs are placed with a client with either significant training or completed training. SSDI will obtain and train a dog to SSDI's standards that will be matched with a client. In this option SSDI retains ownership of the dog in perpetuity to ensure proper welfare of all of our dogs. Our academy dogs' training is donated free of charge; however, applicants must still pay an application fee (\$50), Phase 0 fee (\$250), buy supplies, and commit to a monthly budget for the lifetime of the dog. This option is normally only recommended for our clients which are not able to be a part of the training process. Wait times for Academy dogs average two years.

Dogs in our Service Dog Training Program (Owner trainers and Owner assisted trainers) progress through prospect phases (1 & 2), service dog in training phases (3a, 3b, 4 & 5), and service dog graduation at the end of phase 6. Training sessions occur in private lesson, group lesson, or digital lesson settings. The in person training program costs \$300 per month which includes weekly individual trainings in person, plus exclusive access to SSDI's non-working dog training packages including but not limited too: agility, nosework, obedience, puppy preschool, trick dog, and house training as well as unlimited online communication for questions and additional help. There is a minimum of a 6-month contract for this service. The digital training program costs \$200 per month which includes weekly individual trainings and unlimited online communication for questions and additional help. Clients that choose the digital training program are also required to meet in person with one of our SSDI



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representatives within our National Training Network (NTN). There is a minimum of a 6-month contract for this service and the in person meetups must occur at least once in each 6-month period.

Other expenses include health insurance, veterinary check ups, vaccinations, food, grooming, training treats, equipment, flea, tick, and heartworm medication which occur monthly and are included in the budget you will find in this application.

Service dogs are not the right treatment plan for all individuals. There are many responsibilities and common features that come with choosing to use a service dog; these can be viewed as pros or cons depending on your own situation. Maintaining and monitoring the welfare of a dog, the financial responsibility, increased public interaction, extra clean up (shedding, soiling, etc.), and keeping up on a dog's daily body budget on your best and worst days (food, water, mental exercise, physical exercise, relieving) all come with the decision to use a service dog as part of your treatment plan.

Our organization places a heavy focus on the education of our clients. Each client learns and takes quizzes about training theory, general care, legislation, canine behavior, and life with a service dog in our Service Dog Handler Training Program. We believe that "A service dog is a finely tuned instrument, but the handler still must learn how to be a musician" (Starfleet Service Dogs, Inc.). Due to this belief, our program is rigorous and thorough. You will learn a lot about dogs, service dogs, and yourself through this process if you choose to embark on this journey.



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Applicant Information

Full Name: _____

Date of birth: _____

Gender: _____

Preferred Pronouns: _____

Height & Weight: _____

Street address: _____

City: _____

State, province, or region: _____

ZIP or postal code: _____

Country: _____

Cell phone: _____

E-mail address: _____

How did you hear about us?: _____



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Permanent Disability Information

Disability(ies): _____

Date of Disability(ies): _____

Is/Are the Disability(ies) Progressive?: _____

What tasks or skills would you like a service dog to do for you:

How does your disability affect your independence?:

What is your goal with a service dog?:

What are the effects of your disability **in your daily living?** (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Reduced Stamina |
| <input type="checkbox"/> Spasticity | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Coordination Issues |
| <input type="checkbox"/> Coordination Issues | <input type="checkbox"/> Limited Mobility | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Slowed Development | <input type="checkbox"/> Muscular Weakness | <input type="checkbox"/> Vision Impairment |
| <input type="checkbox"/> Other: _____ | | |

Do you have any problems with (check all that apply):

- | | | |
|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heightened Emotions | <input type="checkbox"/> Chronic Pain |
|------------------------------------|--|---------------------------------------|



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- | | | |
|--|--|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures | <input type="checkbox"/> Skin Sensitivity |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Heat/Cold Sensitivity |
| <input type="checkbox"/> Blood Glucose | <input type="checkbox"/> Frequent Dislocations | <input type="checkbox"/> Dissociation |
| <input type="checkbox"/> Spikes in Blood | <input type="checkbox"/> Loss of Consciousness | <input type="checkbox"/> Dips in Blood |
| Pressure/Heart Rate | | Pressure/Heart Rate |
| <input type="checkbox"/> Other: | | |
-

Do you use an **aid or assistive device**? (check all that apply):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Leg Brace | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Wrist Brace | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Crutch/Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Other Body Brace |
| <input type="checkbox"/> Feeding Tube | <input type="checkbox"/> PICC Line | <input type="checkbox"/> Chest Port |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Respiratory Aid | <input type="checkbox"/> Continuous Glucose |
| | | Monitor (CGM) |
| <input type="checkbox"/> Other: | | |
-

Do you have any of the following psychological conditions or disorders as diagnosed by a **psychiatrist** or **psychotherapist**? (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Bipolar | <input type="checkbox"/> Depression (Chronic or Clinical) |
| <input type="checkbox"/> Dissociative Tendencies | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Panic Disorder | <input type="checkbox"/> Post Traumatic Stress Disorder |



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☐ Schizophrenia

☐ Social Phobia

☐ Other:

Do you have frequent or persistent problems with any of the following, even if **not** diagnosed by a psychiatrist or psychotherapist? (check all that apply):

☐ Anger

☐ Apathy

☐ Crying

☐ Disorientation

☐ Fearfulness

☐ Panic

☐ Forgetfulness

☐ Nightmares

☐ Nervousness

☐ Moodiness

☐ Insomnia/Difficulty Sleeping

☐ Restlessness

☐ Sadness

☐ Social Withdrawal

☐ Other:

Do you use medication as a part of your treatment plan? _____

If so please list the medications, time of day taken, and the reason prescribed:



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*Assistance Dogs International requires additional documents/information for the placement of service dogs for **Veterans with Military-Related PTSD**:*

1. Please provide a copy of your veteran status certification documentation (DD-214)
2. Please provide the names and contact information for two individuals who have agreed to provide support to you and your service dog. These individuals must agree to provide an immediate and temporary home for the dog should an emergency arise.

Support Person 1:

Name: _____

Address: _____

Phone: _____

Email: _____

Support Person 2:

Name: _____

Address: _____

Phone: _____

Email: _____

3. The veteran must sign a consent form that allows the program or its consultant to communicate directly with the veteran's mental health provider or treatment team (see attached release form).
4. The veteran must provide written evidence that his/her family and/or support person(s) are knowledgeable regarding the application for a service dog and that they support the process, the placement of a service dog, and the follow-up of the team.



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*If you are interested in a dog that provides diabetic alert and response services, here are the additional requirements for obtaining a **Diabetic Alert Dog (DAD)** from SSDI.*

This information is intended for prospective clients who are interested in receiving a Diabetic Alert Dog. **If you are not applying for a Diabetic Alert Dog, please proceed to the next page.** SSDI is committed to providing the best services to our DAD clients. To help foster a successful working partnership between clients and our DADs, as well as optimal use of our resources, we require the following in addition to the general requirements for applying and being placed/training an SSDI service dog:

- Client must be able to attend regular in person or digital training sessions (once a day at some points in training).
- DAD applicants need to have been diagnosed at least 2 years prior to application.
- Applicants need to be under the regular care of a physician. Additional information will be required from the medical professional regarding the applicant's diabetes and its management, by way of a form and discussions with SSDI staff (if necessary).
- Applicants need to be taking all appropriate measures to monitor and control their condition, yet still be experiencing difficulty with blood glucose (BG) control.
- Applicants need to be experiencing a minimum of 3 hypoglycemic or hyperglycemic events per week. This can be proven by confirmation from your doctor or by supplying BG data.
- Applicants need to regularly monitor their blood glucose (several times per day, or as recommended by a healthcare professional) using a glucometer and/or continuous glucose monitor (CGM). Note: use of a DAD will probably INCREASE the number of BG tests per day that the client must do.



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- At the time of application, applicants need to provide glucometer or CGM data for the 3 prior months. If a significant lapse of time occurs between application and placement with a DAD, an additional month of data may be required.
- If the applicant works, they need to be able to take the DAD to work with them.
- Clients need to agree to provide BG records/graphs/data, including record of DAD alerts, to SSDI for a minimum of 6 months after the DAD is placed with them, or as requested by trainers.
- Clients must assume the financial responsibility for all training materials required to scent train their DAD.
- Clients need to provide regular new scent samples (skin swab collected during normal, low, and high BG events) for the purposes of training the DAD.
- Clients need to agree to work with SSDI trainers on an ongoing basis for several months after placement with a DAD to further optimize the dog's response.
- Clients need to agree to provide adequate rest periods for the DAD, as prescribed by SSDI trainers.
- Client MUST accept full responsibility for the management of their condition, continuing all prescribed methods of monitoring and treatment after the DAD has been placed. A DAD is to be considered only one tool in disease management, and not relied upon solely.

I have read and understand the additional requirements for obtaining and/or training a Diabetic Alert and Response Dog.

Signature of Client: _____ Date: _____



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CLIENT PERMISSION TO OBTAIN/RELEASE INFORMATION

Client Name (please print clearly): _____

Email: _____

Phone: _____

I understand that Starfleet Service Dogs, Inc. has requested consent to communicate directly with my mental health provider or treatment team. By signature to this document, I give consent to Starfleet Service Dogs, Inc. to release/obtain information concerning the diagnostic record and/or verbal exchange of information. Information of mental health provider or treatment team:

Name of Provider: _____

Business Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Signature of Client: _____ Start Date: _____ End Date: _____

(Parent or guardian signature if applicant is a minor or under guardianship)

Signature: _____ Start Date: _____ End Date: _____



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Day In the Life: Describe the Environments

Activity Level:

Modes of Transportation: _____

School: _____

Work: _____

Doctors (Primary/Physical Therapy/ Etc):

Hobbies: _____

What specific places do you go to that a dog should be familiar with:

Describe a normal day with your service dog:

Where would you not take your service dog?:



Matchmaker

How involved are you able to be in the training process? Team-training is required for all teams, all teams must be together for a minimum of 6 months before being able to apply for graduation, and the more involved you are in the process the higher the success rate will be. Please read our “Training Options” page on our website before making your decision.

- ☐ **Owner-Trained:** SSDI evaluates and accepts your own dog into our program. You will work with an SSDI trainer to train the dog. You will have homework that you practice outside of training. ***Do NOT obtain a dog if you have not already.***
- ☐ **Owner-Assisted Trained:** SSDI works with you to find a pre-approved dog to increase your chances for success. You will work with an SSDI trainer to train the dog. You will have homework that you practice outside of training. ***Do NOT obtain a dog if you have not already.***
- ☐ **Academy-Trained:** SSDI will train the dog until it is matched with you, then you will become involved in the training process. In this option SSDI retains ownership of the dog in perpetuity.

*A dog finding fee of \$250 will be billed to you if SSDI searches for, finds, and evaluates a canine candidate for you.

**If you already have a working service dog, please select Owner-Trained and fill out the rest of the application so that we can create an individualized plan for your situation. All clients must undergo the same application process to verify disability status as described under the ADA: “a physical or mental impairment that substantially limits one or more major life activities of such an individual”.*



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Compatibility:

What size of dog are you interested in: _____

Do you have any breeds in mind: _____

Hair Type?: _____

Activity Level?: _____

Source of Motivation?: _____

If you have marked the **Owner-Trained** box please provide us with the following information: **(Please attach a picture of your dog)**

Dog's Name: _____

Breed: _____

Age: _____

Sex: _____

Weight: _____

Microchip Number: _____

Rabies Number: _____

License Number: _____

Spay/Neuter Date?: _____

Date of Last Comprehensive Exam: _____

*** Attach vaccination records to this application**

Which of the following words best describe the dog personality that might suit you best? (check all that apply):

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> playful | <input type="checkbox"/> energetic |
| <input type="checkbox"/> happy | <input type="checkbox"/> protective | <input type="checkbox"/> independent |
| <input type="checkbox"/> dependent | <input type="checkbox"/> communicative | <input type="checkbox"/> indifferent |
| <input type="checkbox"/> manipulative | <input type="checkbox"/> sensible | <input type="checkbox"/> resistant |
| <input type="checkbox"/> sweet | <input type="checkbox"/> assertive | <input type="checkbox"/> loving |
| <input type="checkbox"/> foolish | <input type="checkbox"/> distracted | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> no-nonsense | <input type="checkbox"/> dependable | <input type="checkbox"/> easy-going |



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- | | | |
|------------------------------------|--|------------------------------------|
| <input type="checkbox"/> devoted | <input type="checkbox"/> trusting | <input type="checkbox"/> slow |
| <input type="checkbox"/> willing | <input type="checkbox"/> responsible | <input type="checkbox"/> stable |
| <input type="checkbox"/> jealous | <input type="checkbox"/> submissive | <input type="checkbox"/> excitable |
| <input type="checkbox"/> calm | <input type="checkbox"/> attentive | <input type="checkbox"/> smart |
| <input type="checkbox"/> confident | <input type="checkbox"/> fearful | <input type="checkbox"/> friendly |
| <input type="checkbox"/> joking | <input type="checkbox"/> attention-seeking | <input type="checkbox"/> licky |

Which of the following words best describe the dog personality that would **not** suit you well? (check all that apply):

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



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Life with a Service Dog

In order to get an understanding of the ongoing monthly costs associated with having a service dog, the below budget is to be reviewed and **signed by all parties** that are committing to financially contribute to the expenses of the dog.

Item	Cost
Food	\$50
Health Insurance	\$55.65
Veterinary Wellness Plan (All Routine Vet Care)	\$41.95
Training Treats	\$30
Flea & Tick Medication	\$28.83
Heartworm Medication	\$11.67
Toys	\$20
Grooming	\$10 - 100
TOTAL AVERAGE MONTHLY COST	\$248.10 - 338.10

Names and signatures of all parties committing to financial responsibility of the service dog:

Applicant Name: _____ Signature: _____

Party 1 Name: _____ Signature: _____

Party 2 Name: _____ Signature: _____

Party 3 Name: _____ Signature: _____

Party 4 Name: _____ Signature: _____



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Can you commit to:

Treating the dog as a working dog and NOT a pet?: _____

NOT allowing strangers to pet the dog without permission?: _____

Does anyone in your household have concerns about living with a service dog?



Home Life

What type of housing do you live in?: (house, condo, townhouse, etc.)

How long have you lived in this housing situation?: _____

Who owns your property (first and last name)?: _____

Phone number of the owner: _____

**Signature of owner stating you, _____, have permission to
have a service dog in training at your residence:**

Signature of Owner: _____

Date: _____

Who lives in the residence?: (name, age, and relationship to you)

Do you have other pets? (If you live with another dog(s) please fill out the Dog ID Card for each dog at the end of this section):

Where will the dog exercise?:

Is anyone in the household allergic to dogs?:

Does anyone in the household smoke or use drugs?:



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Dog ID Card

If you live with another dog(s) please fill out the Dog ID Card for each dog

Dog 1:

Name: _____

Breed: _____

Age: _____

Sex: _____

Relation to You: _____

Weight: _____

Microchip Number: _____

Rabies Number: _____

License Number: _____

Spay/Neuter Date?: _____

Vaccination Records: _____

Date of Last Comprehensive Exam: _____

Dog 2:

Name: _____

Breed: _____

Age: _____

Sex: _____

Relation to You: _____

Weight: _____

Microchip Number: _____

Rabies Number: _____

License Number: _____

Spay/Neuter Date?: _____

Vaccination Records: _____

Date of Last Comprehensive Exam: _____

Dog 3:

Name: _____

Breed: _____

Age: _____



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Sex: _____
Relation to You: _____
Weight: _____
Microchip Number: _____
Rabies Number: _____
License Number: _____
Spay/Neuter Date?: _____
Vaccination Records: _____
Date of Last Comprehensive Exam: _____



Animal History

Have you ever owned a dog before?: (If so, include what breed and at what age you got them)

Have you ever trained a dog before?: (If so, include what breed and at what age you got them) _____

Have you ever had a service animal or service animal in training before?: _____

If yes, when and where and where/how was it trained (organization trained, owner-trained, trained in conjunction with a professional trainer, etc.)?:

Are there any other pets in the house or other animals that the dog would be in contact with?: (If so, what animals):

Have you ever rehomed a pet?: (If so, explain)



Personal History

Are you an active member of the military or a veteran?:

Are you in a relationship?:

What is your source of income?:

Have you or anyone you know been investigated for animal cruelty or neglect?:

(explain)

Have you ever had an alcohol or substance abuse problem?:

Have you ever been convicted of a felony?:

By signing below I hereby declare that the information provided above is true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that my application may be denied.

Signature: _____ Date: _____



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Personal Recommendations

Each reference must write you a letter of reference sent to SSDI via email:

***info@starfleetservicedogs.org or by mail: 8012 MacArthur Blvd. Cabin John, MD
20818***

Someone who has lived with you:

Name: _____

Address: _____

Phone: _____

Email: _____

Someone who has worked with you:

Name: _____

Address: _____

Phone: _____

Email: _____



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Medical References (Please Attach Filled Out Medical Forms [Pages 24-31])

Primary Care

Name : _____

Medical Degree: ☐ M.D. ☐ D.O. ☐ Other: _____

Address: _____

Phone: _____

Email: _____

Specialist / Physical Therapy / Chiropractor etc.

Name : _____

Medical Degree: ☐ M.D. ☐ D.O. ☐ Other: _____

Address: _____

Phone: _____

Email: _____

If applying for a DAD, please provide the information for the physician that is familiar with managing your diabetes-related symptoms.

Name : _____

Medical Degree: ☐ M.D. ☐ D.O. ☐ Other: _____

Address: _____

Phone: _____

Email: _____



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Medical Release/Reference Form

TO BE COMPLETED BY THE APPLICANT: I understand that information to be released may include medical information, diagnosis, drug abuse, alcohol abuse, psychological or psychiatric impairments, and/or other physical conditions. I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without further written consent unless provided for by state and federal laws. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken. If not previously revoked, this consent will expire six months from the date of signature.

Signature: _____ Start Date: _____ End Date: _____

(Parent or guardian signature if applicant is a minor or under guardianship)

Signature: _____ Start Date: _____ End Date: _____



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General Medical Reference Form:

**TO BE COMPLETED BY A MEDICAL DOCTOR (M.D.) OR A DOCTOR OF
OSTEOPATHIC MEDICINE (D.O.):**

Your patient, _____, is applying to Starfleet Service Dogs for a task-trained service dog. It is important that we determine his/her needs in order to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to Starfleet Service Dogs at the address listed below (questions or concerns please call 301-509-6742)

Starfleet Service Dogs
Attention: Admissions Director
8012 MacArthur Blvd,
Cabin John, MD 20818
info@starfleetservicedogs.org



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**TO BE COMPLETED BY A MEDICAL DOCTOR (M.D.) OR A DOCTOR OF
OSTEOPATHIC MEDICINE (D.O.):**

Full Name of M.D. or D.O.:

Address of Practice: _____

Relationship to Patient (physician/specialist etc.): _____

How long the patient has been under your care: _____

Diagnosis/Type of Disability: _____

Date of Diagnosis: _____

Is this disability progressive? _____

Is the patient's independence limited by their disability?

Have you and the patient ever discussed the possibility of a service dog?

In your opinion, can your patient care for a dog on their own?

In your opinion, are there any service dog tasks that you currently know of that would benefit your patient? (picking up dropped items, alerting, medicine retrieval, opening doors, etc)

What is your patient's personality like?



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Is there any physical danger that a dog could cause your patient? (pulling on leash, muscle strain, etc). If so what is the danger?

Are there any predicted physical dangers that your patient could cause to a dog? (involuntary movements, violent outbursts, losing temper, etc.) If so what are they?

Does your patient use any assistive devices? If so what are they?

In your opinion, is your patient capable and well suited to be matched with a service dog physically, mentally and emotionally. Why?

M.D./D.O. Signature: _____ Date: _____



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Additional Medical Reference Form for applicants seeking a Diabetic Alert

Dog (DAD): *In addition to the General Medical Reference Form, this form is to be completed by the medical professional most familiar with your diabetes.*

TO BE COMPLETED BY A MEDICAL DOCTOR (M.D.) OR A DOCTOR OF OSTEOPATHIC MEDICINE (D.O.):

Your patient, _____, is applying to Starfleet Service Dogs for a task-trained service dog. It is important that we determine his/her needs in order to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to Starfleet Service Dogs at the address listed below (questions or concerns please call 301-509-6742)

Starfleet Service Dogs
Attention: Admissions Director
8012 MacArthur Blvd,
Cabin John, MD 20818
info@starfleetservicedogs.org

TO BE COMPLETED BY A MEDICAL DOCTOR (M.D.) OR A DOCTOR OF OSTEOPATHIC MEDICINE (D.O.):

Full Name of M.D. or D.O.: _____

Full Name of Patient: _____

Address of Practice: _____

Relationship to Patient (physician/specialist etc.): _____

How long the patient has been under your care: _____



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Diagnosis:

☐ Type 1 Diabetes

☐ Type 2 Diabetes

☐ Hypoglycemia

☐ Hyperglycemia

☐ Other Diagnosis: _____

Date of Diagnosis: _____

Treatments Utilized (check all that apply):

☐ Diet

☐ Tablets

☐ Insulin Injections

☐ Insulin Pump

☐ Other: _____

Please list the medications prescribed for diabetes treatment: _____

Diagnostics used regularly by patient (check all that apply):

☐ Glucometer

☐ CGM

☐ Other: _____

How many times per day do you recommend that this patient test their blood glucose?



How many times per day, on average, does patient test their blood glucose?

How many hypoglycemic episodes does the patient average per week?

How many hyperglycemic episodes does the patient average per week?

Most recent 3 HbA1c measurements:

Date: _____

A1c: _____

Does the patient exhibit hypoglycemic unawareness?

☐ Yes

☐ No

☐ Sometimes

Has the patient been hospitalized due to their diabetes in the past year?

☐ Yes

☐ No

If yes, what was the reason? _____

How often has the patient been seen by you in the last 2 years?

When was the patient last seen by you? _____



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Do you feel that this patient utilizes all appropriate methods to monitor, treat and control their diabetes (including lifestyle choices, blood glucose monitoring and medication compliance)?

☐ Yes

☐ No

If not, why not? _____

Do you feel that this patient's quality of life would improve significantly if his/her diabetes were under better control?

☐ Yes

☐ No

Do you feel that Starfleet Service Dogs, Inc. might benefit from consultation with you about this patient?

☐ Yes

☐ No

Any other comments? _____

Physician Signature: _____ Date: _____



Godparents for Your Service Dog

We require each client to identify family, friends, or neighbors who can provide the care and management of your assistance dog in the event of an emergency, such as hospitalization. These persons should be your primary contact if you need immediate temporary housing for your dog. Your “godparents” should be able to meet your dog’s needs in a home environment.

GODPARENTS DO NOT HAVE PUBLIC ACCESS WITH YOUR DOG. They must know the proper feeding, exercise, safety, and behavioral standards of your dog. We recommend you select at least three “godparents,” so if one is not available, you may contact another. Make sure they all have contact information for each other. By assigning these individuals as godparents, you are granting SSDI permission to be in contact with godparents as part of the application process.

Responsibilities of a godparent:

- To provide a safe living environment for the service dog while the client is unavailable to do so.
- To contact SSDI immediately if the service dog comes into their care.
- To contact SSDI immediately if they have questions or concerns about the care or management of the service dog.

You must notify SSDI if any changes in the contact information or address for any of your godparent(s) occur.



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Godparent Contract 1

Godparent 1:

Name: _____

Address: _____

Phone: _____

Email: _____

Please understand that you **do not have public access with the service dog.** You will be relayed the proper feeding, exercise, safety, and behavioral standards of the service dog by the applicant.

Responsibilities of a godparent:

- To provide a safe living environment for the service dog while the applicant is unavailable to do so.
- To contact SSDI immediately if the service dog comes into your care.
- To contact SSDI immediately if they have questions or concerns about the care or management of the service dog.

I _____ (name of Godparent) agree to care for _____ 's (client's name) service dog in the event of an emergency if I am available at such time. I will be responsible for the temporary care of the dog until the handler can resume responsibility OR a staff member of Starfleet Service Dogs, Inc. arrives.

Signature of Godparent: _____



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Godparent Contract 2

Godparent 2:

Name: _____

Address: _____

Phone: _____

Email: _____

Please understand that you **do not have public access with the service dog.** You will be relayed the proper feeding, exercise, safety, and behavioral standards of the service dog by the applicant.

Responsibilities of a godparent:

- To provide a safe living environment for the service dog while the applicant is unavailable to do so.
- To contact SSDI immediately if the service dog comes into your care.
- To contact SSDI immediately if they have questions or concerns about the care or management of the service dog.

I _____ (name of Godparent) agree to care for _____ 's (client's name) service dog in the event of an emergency if I am available at such time. I will be responsible for the temporary care of the dog until the handler can resume responsibility OR a staff member of Starfleet Service Dogs, Inc. arrives.

Signature of Godparent: _____



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Godparent Contract 3

Godparent 3:

Name: _____

Address: _____

Phone: _____

Email: _____

Please understand that you **do not have public access with the service dog**. You will be relayed the proper feeding, exercise, safety, and behavioral standards of the service dog by the applicant.

Responsibilities of a godparent:

- To provide a safe living environment for the service dog while the applicant is unavailable to do so.
- To contact SSDI immediately if the service dog comes into your care.
- To contact SSDI immediately if they have questions or concerns about the care or management of the service dog.

I _____ (name of Godparent) agree to care for _____ 's (client's name) service dog in the event of an emergency if I am available at such time. I will be responsible for the temporary care of the dog until the handler can resume responsibility OR a staff member of Starfleet Service Dogs, Inc. arrives.

Signature of Godparent: _____



What would having a service dog mean to you? Describe why you want a service dog and any essential or important information you would like us to know. Do you have a favorite breed or a dream dog? What is your dream service dog like? What are your favorite things to do?

Updated 2019 by Starfleet Service Dogs Inc.
Jennifer A. Barnhard & Ashley A. Tringali



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Handler Training Program: Candidate Evaluation

All candidates are evaluated for their understanding of what life with a service dog entails, how a service dog can mitigate a disability, and how to effectively use a service dog as part of their treatment plan.

Life with a Service Dog

What does a service dog mean versus a pet?:

Can you name other types of working dogs?

What would you do if someone asked to pet your service dog?

Are you prepared to have a service dog with you up to 24 hours a day?:



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Do you understand that training is an ongoing process and are you prepared to work to maintain a service dog's training?:

Do you understand that, like people, service dogs are not robots and have both good and bad days? Are you prepared to learn how to gauge a service dog's emotional state and limits?:

What behaviors could a dog could do that would make you return the dog?:



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1. Service Dog Knowledge

Define Service Dog and name 3 laws that apply to them (explain where you obtained this information):

Law 1: Americans with Disabilities Act (ADA)

Law 2: _____

Law 3: _____

Source: _____

Define Emotional Support Animal and what laws apply to them (explain where you obtained this information):

Source: _____

Define Therapy Animal and what laws apply to them (explain where you obtained this information):

Source: _____



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Name two places that service dogs legally cannot go (explain where you obtained this information):

Source: _____

Name three federal departments that regulate service dogs (explain where you obtained this information):

1. _____
2. _____
3. _____

Source: _____

2. A Service Dog as a Part of a Treatment Plan:

What does “a service dog as part of a treatment plan” mean?

Give an example of a situation where a service dog would be aggravating an individual's disability:



What is a “service dog task”? (explain where you obtained this information):

Source:

How would you evaluate whether a service dog is mitigating your disability?:

How would you evaluate whether a service dog is aggravating your disability?:



This is the end of the Service Dog Application.

There is a \$50 non-refundable application processing fee. As a result of this application you will be provided with a review of this application and an individual plan on how our non-profit can help you, or a recommendation of what other services could help you. The non-refundable application fee can be completed via:

1. Paypal:
jabarnhard@starfleetservicedogs.org
 2. A written check mailed to:
ATTN: Admissions Director
8012 MacArthur Blvd.
Cabin John, MD 20818
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