

Golden Opportunities for Independence (GOFI) Application for Service Dog Recipients

Thank you for your interest in a GOFI service dog. Our Golden Retrievers meet the highest standards of temperament and trainability and each dog is trained specifically for the recipient's needs. Our goal is to provide service dogs to those living with physical and psychological disabilities in order to provide greater independence and a higher standard of living. GOFI trains dogs to assist with spinal cord injuries, diabetes alert, epilepsy disorders, anxiety disorder, Post Traumatic Stress Disorder and autism.

Please understand that applications are reviewed in the order that they are received, however we strive to find the best match for you so placement schedules may vary. You can usually expect to hear from GOFI within two weeks, at which time an area coordinator will conduct a home visit. We will then assess whether we have a dog that can meet your needs.

Please send your completed application to:

Golden Opportunities for Independence
Pauline Hoegler
323 High Street
Walpole, MA 02081

or you can email us the application at:

gofidogs@gmail.com

Please feel free to give us a call at 508-505-5282 or visit our website at 2grf.com for more information.

Best Wishes,

The GOFI Family

Golden Opportunities for Independence Service Dog Application

"It takes a community to raise a GOFI puppy. It takes a GOFI dog to forever change a life."

Applicant name:

Name of Person Filling out Application (if applicable)

Relation to Applicant:

Address:

City/Town _____ State _____ Zip code _____

Primary phone: () _____ - _____

Other phone: () _____ - _____

Email address:

Best method and time to reach you:

Emergency contact person

Name: _____

Relationship: _____

Primary phone: () _____ - _____

Other phone: () _____ - _____

Basic Information:

Age _____

Date of Birth _____

Height _____

Weight _____

Do you smoke? Yes _____ No _____

Does anyone in your household smoke? Yes _____ No _____

Is the applicant willing to travel to Golden Ridge Farm twice a month for training sessions and does the applicant have transportation?

Yes _____ No _____

What is your normal level of activity?

Do you spend a major part of your day in bed?

Yes _____ No _____

Medical Information:

Physician _____

Address _____

Phone Number _____

May we contact your physician? Yes _____ No _____

Physical Therapist _____

Phone _____

Occupational Therapist _____

Phone _____

May we contact? Yes _____ No _____

Diagnosis of Your Medical Condition:

What is the applicant's primary diagnosis and other medical conditions (if any)?

Please describe any limitations the applicant experiences in everyday life:

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Does the applicant have any learning disabilities or speech impairments?

Does the applicant use any assistive devices on a daily basis? (ex: wheelchair, crutches, braces, hearing aids, etc.):

Does the applicant have any safety measures that must be kept in place as a result of the applicant's diagnosis? Please explain:

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Has the applicant ever had an aggressive outburst in which an animal was injured? Yes _____ No _____

If yes, please explain:

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Information about the applicant's home

What type of home does the applicant have (apartment, condo, house, etc.?)

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Does the applicant own or rent the home?

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Does anyone in the applicant's home have allergies to dogs? Yes ____ No ____

Who else lives at the applicant's home?

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Name: _____ Age: ____ Relationship: _____

Other: _____

Does the applicant have a fenced yard? Yes ____ No ____

If No, where does the applicant plan to exercise a dog?

Does anyone else in the household have a disability? Yes ____ No ____

If yes, explain:

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What other animals live in the applicant's home?

Type (dog, cat, other): _____ Age: _____ Spayed/ Neutered?
Yes ____ No ____

Type (dog, cat, other): _____ Age: _____ Spayed/ Neutered?
Yes ____ No ____

Type (dog, cat, other): _____ Age: _____ Spayed/ Neutered?
Yes ____ No ____

Type (dog, cat, other): _____ Age: _____ Spayed/ Neutered?
Yes ____ No ____

Other: _____

Do your pets get along with other animals? Yes ____ No ____

Does the applicant currently have a veterinarian they use? Yes ____ No ____

If yes, what is the name of the applicant's vet? _____

Name of Clinic/ Address: _____

Phone number: _____

May we contact the vet? Yes ____ No ____

Has the applicant or anyone in the home ever been convicted of a felony?

Yes _____ No _____

If yes, please explain:

Do you have strong feelings about what traits you like or dislike in a dog?

Yes _____ No _____

If yes, please explain:

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Employment/ School

Is the applicant employed? Yes _____ No _____

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

How many hours does the applicant work a day/ week: _____

Describe the applicant's normal activities at work:

Would you plan on the dog attending work with the applicant?

Yes _____ No _____

May we contact the employer? Yes _____ No _____

Does the applicant attend school? Yes _____ No _____

Name of School: _____

Address of School: _____

Phone Number: _____

How many hours of school a day? _____

Describe the applicants normal activities at school:

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Would you plan on the dog attending school with the applicant:

Yes _____ No _____

May we contact the school?

Yes _____ No _____

Service Dog Information:

Is the applicant able to take care of a dog on their own (ie. walking, grooming, feeding, communicating with the dog, etc.)

If No, who would help the applicant with a dog?

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Where will the dog stay when no one is home?

Inside my home ____

In a fenced yard or run ____

In a crate ____

Lanai or screened porch ____

Other _____

Will the dog be allowed to sleep in your bedroom?

Yes ____

No ____

If not, where?

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Are you familiar with the use of a dog kennel crate?

Yes ____

No ____

How do you plan to provide exercise for your dog?

Fenced Yard ____

Leash Walk _____
Put him on a tie-out _____
Allow him to run free _____

How do you plan to provide your dog's need to go outside to eliminate?

Take him on leash walks _____
Place him in a fenced yard or run _____
Put him on a tie-out _____
Use a doggie door _____

Can the applicant afford yearly vet care for a dog (\$700-\$1000/ year)?

Yes _____ No _____

Can the applicant afford to groom a dog (\$700-1000/ year)?

Yes _____ No _____

Have you ever received a service dog or applied for a dog from another organization?

Yes _____ No _____

Name of organization: _____

Outcome of application: _____

Why does the applicant want a service dog?

Which of the following tasks would the applicant like the dog to help them with to make them be more independent? (circle all that apply)?

Picking up dropped items
Carrying items (list)
Turning on/off lights
Retrieving the phone

Opening doors
Getting up from floor
Getting up from sitting on a chair
Moving a wheelchair up a ramp

Poor balance in walking
Unable to see objects

Difficulty with stairs
Difficulty with transitions/ locations

Other _____

How does the family feel about this applicant having their own dog? How will the dog benefit the applicant as family?

Please describe the applicant's current support system. Who would care for the dog if the applicant were to become injured, in the hospital, cannot care for the dog, or in an emergency?

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Comments or Questions:

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Please provide two non-family personal references:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____

Please provide the following documentation with the application if applicable:

1. All applicants:

A letter from a medical professional stating that the applicant has a diagnosed medical condition that could benefit from being partnered with a service dog.

2. If the dog is for psychological condition please include a letter from a psychologist stating that you are receiving ongoing treatment for your condition, and pose no threat to a service dog.

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Waiver

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By signing below I hereby acknowledge I have read the above terms and I understand that Golden Opportunities for Independence reserves the right to deny service to an applicant for any reason including but not limited to failure to meet the established criteria for receiving a service dog or that require services that we are not able to train. GOFI also reserves the right to remove a program service dog from a home at any time for mistreatment/ neglect or an inappropriate match. I do hereby agree to hold free from any and all liability Golden Opportunities for Independence and its members and officers. My

family, members of my household and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with GOFI

Signature of Applicant: _____ Date: _____

Signature of Guardian (if under 18 years): _____