KINGS VALLEY . COLLIES FOR MOBILITY AND SUPPORT

P.O. Box 56 • Philomath, OR 97370 • 541-760-6564 • www.KingsValleyCollies.com • leslie@kingsvalleycollies.com

Application Form

Name:		
Address:		
City: State:	Zi	p:
Home Phone: email:	Cell Phon	e:
Who else is in your	household	?
Who is your primary	/ support	person?
Are there other per	ts in your	household?
Have you owned dog	s before?	Please describe:
Do you have a fence	d yard?	Do you have a dog door?

Please provide contact information for doctors who can inform us about your physical condition. Please have your medical doctor contact me at 541-760-6564.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Do you enjoy physical activity?

Which of the following do you include as part of your routine activities: Other activity? Please describe:

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How often do you exercise?
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Do you use any of the following devices?

Power wheelchair: If so, when?

Manual chair: If so, when?

Walker: If so, when?

Cane: If so, when?

Do you currently:

1. Travel by: Car Bus Train Plane

2. Do you travel alone?

3. Who usually accompanies you?

Which of the following challenges do you deal with routinely? Understanding the answers to these questions will help us determine whether your dog should work on your left or your right side.

Do you have balance difficulties?

When you lose your balance, do you fall: Please describe:

Do you experience: Please describe:

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Do you experience difficulty with orientation?

Check all that apply: up down left right

Which leg is stronger? Which arm is stronger?

Which side is stronger?

When you are out and about, which of the following do you use?

Stairs Ramps Elevators Moving sidewalks Store scooters

We make an effort to select the canine partner whose personality will best match yours. Please check all the traits that apply to you.

Gregarious (outgoing) Friendly Sociable: Quiet: Shy: Introverted: I enjoy being with friends: I prefer being alone:

I enjoy being with children: I avoid being with children:

Please list five other personality traits that describe you:

Please list 3 or 4 things that are difficult in your daily life that you would like to improve: (for example: avoiding falls)

1.

- 2.
- 3.
- 4.

Thank you for your thorough and complete responses! Please save this file and send it as an attachment by email to: leslie@kingsvalleycollies.com. Your \$500 application fee can be mailed to:

Kings Valley Collies For Mobility and Support P.O. Box 56 Philomath, OR 97370

If you have questions please email or call 541-760-6564.

I look forward to working with you!

Best Regards, Leslie Rappaport