



SERVICE DOG TRAINING PROGRAMS

Phone: (480) 508-7381 www.AzGoldensLLC.com Email: AzGoldensLLC@gmail.com

Green Dog Application

Prior to filling out the application, please review the Green Dog Overview, Process, Costs, & Criteria pamphlet located in this packet and on our website at:

<http://www.azgoldensllc.com/>

*Please Note: Application must be completed by the applicant or answered by applicant's legal guardian.
Application Fee, Medical Prescription for a Service Dog MUST accompany application.*

Personal Information:

Client's Name _____ Today's Date _____

Gender: ☐ M ☐ F Age _____ Client's Date of Birth _____

Diagnosis _____ Age at Diagnosis _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Client's Street Address _____ Apt # _____

City _____ County _____ State _____ Zip _____

Maternal (Mother) Parent Information

(Only Fill This Out For A Child Placement)

Maternal Parent's Name _____

Address (if different then Client's) _____

Apt #: _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Marital status? ☐ Single ☐ Married ☐ Separate ☐ Divorced ☐ Other _____

Custody Status? ☐ Full Custody ☐ Joint Custody ☐ Other _____

(If applicable please include copy of all custody paperwork and description of protections needed for the child)

Paternal (Father) Parent Information

(Only Fill This Out For A Child Placement)

Paternal Parent's Name _____

Address (if different then Client's) _____

Apt #: _____ City _____ County _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Fax _____

Marital status? ☐ Single ☐ Married ☐ Separate ☐ Divorced ☐ Other _____

Custody Status? ☐ Full Custody ☐ Joint Custody ☐ Other _____



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(If applicable please include copy of all custody paperwork and description of protections needed for the child)

Household & Family Information

(Please list the names, ages, and relations to the client for all members currently living in the home.)

Name

Age

Relation

Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Relationship: _____ Able to Authorize Medical Care: Yes ☐ No ☐

Secondary Emergency Contact:

Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone _____ Cell Phone _____

Relationship: _____ Able to Authorize Medical Care: Yes ☐ No ☐

How did you find out about Arizona Goldens LLC and our programs?

In order to help lower costs and assist more people with disabilities, can you tell us how you found out about our programs?

☐ Google Search ☐ Bing Search ☐ Yahoo Search ☐ Other Search _____

☐ Online Referral (Which site?) _____ ☐ Doctor Referral: _____

☐ Given a Brochure ☐ Given a Business Card ☐ Given a Service Dog Toolkit

☐ Other: _____



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Medical Information:

Client Name: _____ Birth Date: _____

Primary Doctor's Name: _____

Practice Name: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Number: _____

Other Doctor's Names, Specialties, & Phone Numbers:

Describe your disability(s), limitations, and prognosis: _____

List any allergies (nuts, latex, etc.): _____

List any medications or treatments currently taken: _____



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Service Dog Information:

What type of assistance do you need the green dog to be trained for?

☐ Autism ☐ Guide ☐ Hearing ☐ Mobility/Wheelchair ☐ PTSD

☐ Medical /Seizure Alert (Describe): _____

☐ Other _____

Please list a minimum of 1-3 tasks that you need the service dog to do for you or your child once fully trained. The lists below are some of the most commonly requested tasks for a particular disability:

1. _____

2. _____

3. _____

Other: _____

Autism Related Tasks

- | | |
|---|--|
| <ul style="list-style-type: none"> Interrupting Stimming Behavior
<u>Examples:</u> <ul style="list-style-type: none"> Hand Flapping Patterned Walking Help with transitioning tasks and or environments Interrupt meltdown behaviors. | <ul style="list-style-type: none"> Help model communication Help sleep at night and alert parents if they wake up. Reduce bolting or wondering behaviors Assist with social development Provide Deep Pressure Therapy |
|---|--|

Guide Related Tasks

- | | |
|---|---|
| <ul style="list-style-type: none"> Assist with navigating a person's environment. Locating doorways, nearest chair, or curb edge. | <ul style="list-style-type: none"> Locating & Retrieving dropped items Assist with traveling and traversing dangerous situations such as crossing the street. |
|---|---|

Hearing Related Tasks

- | | |
|---|---|
| Alerting to the following: <ul style="list-style-type: none"> To the doorbell or door knock To an audible alarm such as an alarm clock, kitchen timer, microwave, or laundry buzzer | Alerting to the following: <ul style="list-style-type: none"> To telephone ringing To someone walking up behind you To someone saying your name To the fire alarm |
|---|---|

Mobility/Wheel Chair Related Tasks

- | | |
|--|--|
| <ul style="list-style-type: none"> Retrieving dropped items Triggering various buttons or switches such as elevator button or light switches Bracing for Temporary Stabilization of Balance | <ul style="list-style-type: none"> Briefly pulling a manual wheelchair if client gets too tired or in an emergency Opening up/closing doors or drawers via pull rope |
|--|--|



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Medical/Seizure Alert Related Tasks

How the dog may respond to a seizure or medical episode:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Triggering a medical alert device to bring EMS help (3rd Party Device). • Locating and alerting the nearest person that you are having an episode and bringing them back to your location • Triggering an audible alarm box • Recognizing a specific scent as a food allergy indicator | <ul style="list-style-type: none"> • Retrieving the emergency medication pouch • Licking or nuzzling your face or arms to help bring you out of a seizure • |
|--|---|

PTSD Related Tasks

- | | |
|---|--|
| <ul style="list-style-type: none"> • Interrupt zone-out or non-responsive behavior • Locating and alerting the nearest person that you are having an episode and bringing them back to your location • Retrieving medication pouch • Retrieving a bottle of water to take meds • Reminder to take medicine at a prescribed time. | <ul style="list-style-type: none"> • Block other people from getting too close • Licking or nuzzling your face or arms to help bring you out of an episode • Alert to someone walking up behind you • Face towards your rear to act as a deterrent for people approaching from behind and to alert you if they do. • Assist with transitioning environments and situations. |
|---|--|

Please note that these are typical and some of the most requested tasks that a service dog can be trained to help you with. This is not an all-encompassing list, if there is a task that you specifically need that is not on the list, please contact AZG to see if a dog can be trained to accomplish the task you may need.



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Information Release:

During the green dog application & placement process, there may be instances we must contact certain private, medical, state agency, or other individuals/companies to verify and ascertain additional information concerning your application.

By signing "Yes" below you give the right to any 3rd parties such as, but not limited to doctors, hospitals, to release all pertinent information to AZG staff, including but not limited to any sensitive medical information as deemed necessary by AZG staff.

This information will be used to assist with verifying your application and any other activities necessary in the process of getting a service dog from AZG.

These activities may include, but not limited to fundraising efforts, demonstrations, marketing efforts, talking to print/video/online news reporters or agencies, etc. Most commonly the information released to public consumption includes, but not limited to your medical condition, challenges relating to your medical condition that the service dog may assist with, current fundraising status and level, and the remaining contracted amount for your service dog.

AZG understand that Identity Theft is a serious problem. AZG staff will protect all sensitive personal and medical information not deemed necessary or safe for public release and any other information the client wishes to keep private as deemed in writing to AZG outside this initial application.

This information release will remain in effect in perpetuity until the client expresses to AZG in writing that they are revoking this permission.

Name of Client: _____

Name of Legal Guardian 1: _____

Name of Legal Guardian 2: _____

☐ Yes If yes, Sign _____ (Legal Guardian) Date: _____

☐ No If no, initial _____

Please note:

If "**No**" is selected it could result in denial of application or hindrance to assisting with client fundraising efforts on the behalf of AZG.

If the client wishes to revoke this right to information release they must do so in writing.
Postmarked and sent to:

Arizona Goldens LLC
P.O. Box 40776
Mesa, AZ 85274-0776



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Other Information:

Is client attending school? ☐ Yes ☐ No

Name & Location School Attending: _____

Does client have an IEP (individualized education program)? ☐ Yes ☐ No ☐ N/A

(please include copy of IEP, MET, or other related school documentation of needs)

Do you plan on taking your service dog to school with client? ☐ Yes ☐ No ☐ N/A

Annual Household income (Check One) if client is a minor then parent's income:

\$0-\$25,000 \$25,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$100,000 +

Average Monthly Net Income (income minus expenses): _____

(Note to Client: If this figure is negative or between \$0 & \$250, Arizona Goldens LLC cannot place a Service Dog with you since you cannot financially support the estimated average costs of feeding, maintaining training, and average annual veterinary expenses to keep the dog healthy and current with their training)

Do you live in: ☐ House ☐ Apartment ☐ Other: _____ Do You: ☐ Own or ☐ Rent

Do you have a fenced yard? ☐ Yes ☐ No Do you have a pool? ☐ Yes ☐ No

Have you owned a dog before? ☐ Yes ☐ No If yes, when, how long and what breed?

Do you have a fear of dogs? ☐ Yes ☐ No If so please describe: _____

Do you currently have any pets? ☐ Yes ☐ No If so please list and describe:

Species (dog/cat...) Breed Age Spayed/Neutered Live inside/outside Exposed to dogs and reaction

Where would the dog be while you are away or receiving medical care?

How many hours a day will the dog be alone per day (Typical)? _____

How Would Others Describe Your Lifestyle & Personality (Check One):

☐ Active/Energetic/Go-Getter ☐ Quiet/Reserved ☐ Social ☐ Independent/Strong ☐ Fearful

☐ Other: _____



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Green Dog Preferences & Task Related Information (Check One):

What gender of dog do you prefer: ☐ Male ☐ Female ☐ Doesn't Matter

Do you prefer: ☐ Labs ☐ Goldens ☐ Shepherds ☐ Goldendoodle/Poodle ☐ Does Not Matter

Please note that AZG tries to accommodate breed and gender preferences of our clients. AZG reserves the final right to choose the best green dog that meets your individual lifestyle, personality, and needs (task orientation as defined in this application and the home interview).

Since Arizona Goldens LLC only places a limited number of green & service dogs every year, explain why you want a service dog and why we should work for you or your child. What do you hope that service dog can do for you or your child? What needs, or services could a service dog provide for you?

Are you able to relieve and have a plan to clean up the waste from the dog? ☐ Yes ☐ No

Are you willing & able to arrange to participant every day to train in Boot Camp? ☐ Yes ☐ No

☐ Need Other Arrangements Such as: _____

Do you use specialty equipment? (Wheelchair, canes, braces, feeding tubes, Communication devices, prosthetics, etc.?) ☐ Yes ☐ No

List: _____

References:

Please list three references (non-family related) and their addresses and phone numbers. Please include at least one professional reference.

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact these references? ☐ Yes ☐ No



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Liability Waiver & Medical Authorization to Treat

I _____ hereby waive and forever discharge claims for property or physical damages or injury suffered in connection with ARIZONA GOLDENS LLC sponsored events, activities, training, Boot Camp process, or after the placement process is complete, or working with their staff, service dogs, green dogs, or service dogs in-training and that the above client and or legal guardian(s) (as specified on page 1), their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, employees, and volunteers.

I also understand that I will be responsible for any costs of any service or medical treatment provided by 3rd parties not covered by insurance of ARIZONA GOLDENS LLC. I understand and agree that in the case of an injury or death, the client's own personal insurance shall be the primary insurance utilized to pay for 3rd party services or medical treatment.

In case of emergency, I understand that every effort will be made to contact the emergency person list on page 2. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC or the hospital/medical staff to hospitalize and secure proper treatment (including surgery) for the injured party.

I authorize ARIZONA GOLDENS LLC, and its employees, staff, or volunteers to release sensitive information contained in this application or in private conversations, recorded conversations, video, photos, and other methods to the Hospital, Treatment Facility, and applicable medical staff, and authorities such as Police, Paramedics, or Fire personnel.

These above-mentioned authorizations includes not just myself, but also applies and includes authorizations for my child or children listed in this application.

I agree that any current or future disputes be resolved first through Arbitration within the Phoenix Metropolitan area.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____

Should you have any questions, please contact our Manager Brian Daugherty at:

Direct Line: (480) 508-7381 **Email:** azgoldensllc@gmail.com

Mailing address: PO Box 40776 Mesa, Arizona 85274-00776



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Other Application Stipulations

I understand that the sensitive information provided in this application is for the sole purpose of evaluating the potential fit of my condition and needs with a potential AZG Service dog as per the separate information release form.

I understand fully that due to certain circumstances, such as income, dangerous environment, or other circumstances, I may not qualify to continue with the process to receive a service dog and the \$75 application fee and any applicable travel expenses are non-refundable.

I fully understand, authorize and aware that any phone conversations or in-person meetings with AZG or its staff may be video recorded or audio recorded for safety, documentation, legal, and promotional or other purposes and may be released to 3rd parties without any compensation to myself or my child. I fully consent to these recordings and this consent extends in perpetuity and applies to all interactions with AZG or its staff.

I understand that any service dog, or service dog-in training I work with at any time during the application process, training, or boot camp process, is the sole property of Arizona Goldens LLC. I understand that I have no legal rights or otherwise to any said dog until I pay for as well as fully execute all contracts and complete all provisions, requirements, milestones, and tests stated in those contracts. If Client fails to return the service dog, training manuals, and equipment back to AZG or its staff's physical possession immediately upon request by AZG, Client authorizes our lawyer to have a Judge to issue a legal order, without need for a lawsuit, for a police, sheriff, or other law enforcement personnel to respond within all appropriate and legal means to secure the dog and our equipment back into AZG physical possession immediately. All fees incurred will be the responsibly of the Client to pay or reimburse to Arizona Goldens LLC

I understand that due to changing medical conditions, changing program requirements, and other situations, this application is only good for 1 year from the date that the application was submitted to AZG. Clients, who need to fundraise or continue the application process past 1 year, will need to resubmit their application for approval.

I understand that AZG and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____

***Remember to include in your mailing of the application: a copy of your doctor's Prescription for a Service Dog, if applicable, a copy of child's IEP (individualized education program), other documentation and the \$75 Application Fee!**

Should you have any questions, please contact our Manager Brian Daugherty at:

Direct Line: (480) 508-7381 **Email:** azgoldensllc@gmail.com

Mailing address: PO Box 40776 Mesa, Arizona 85274-00776



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Photo & Video Release Form

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC ("AZG"), its employees, or agents have the right to take photographs, videotape, audio or digital recordings of me, my child, or my dependent and to use these in any and all media, including print and online, now or hereafter known. This includes authorization to record all phone conversations for documentation and other purposes, along with authorization for video, audio, digital, and photographic recording is in effect from the date this is signed into perpetuity. I give AZG and or its staff the consent to release these recordings to various 3rd parties at AZG's discretion.

I further consent that to use of mine or my child's name and identity may be revealed therein or by descriptive text or commentary and may contain certain information that is protected under the Health Insurance Portability & Accountability Act ("HIPAA"). These disclosures are dictated by AZG HIPAA Privacy Notice located on our website or provided to you.

This release of photo, video, and in-person account information includes, but not limited to:

- Starting, current, or ending communication levels,
- Information relating to the client's progress in AZG programs,
- Interactions between staff, equipment, and service animals,
- Personal stories about progress from family members,
- Behavioral Patterns including progress in treatment of self-stemming, self-injurious behaviors, or repetitive behaviors or sleeping patterns,
- Service dogs performing their activities for the client
- Or during the training process of bootcamp.

I do hereby release to Arizona Goldens LLC, its agents, and employees all rights to exhibit this work in print and electronic form including online, publicly, or privately and to market and sell copies. I understand that video, picture, or references of myself or my child may be included in other products or marketing materials that AZG may produce for sale or for advertising the benefits of their programs. I waive any rights, claims, or interest I may have to control the use of my or my child's identity or likeness in whatever media used and whatever venue it was used in.

I understand that there will be no financial or other remuneration for recording me or my child, either for initial or subsequent transmission or playback.

I also understand that Arizona Goldens LLC is not responsible for any expense or liability incurred as a result of my or my child's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, and if applicable legal guardian of the child and have read and understand the foregoing statement and am competent to execute this agreement. All consents incorporated into this release will be from date signed below in perpetuity.

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



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Health Insurance Portability & Accountability Act (HIPAA) of 1996 Privacy Notice Acknowledgement

I, the undersigned, do hereby consent and agree that Arizona Goldens LLC ("AZG"), has provided a Privacy notice on my or my child's rights to medical information, its use, disclosures, and safeguards also located at:

<http://www.azgoldensllc.com>

I understand that these Procedures and disclosures may change and that AZG will do it's best to keep me informed of these changes. I agree to the stipulations and procedures outlined in the privacy notice and in other contracts or applications with AZG, and any non-approved items I will notify AZG in writing to the following address:

**Arizona Goldens LLC
P. O. Box 40776
Mesa, Arizona 85274-0776**

I affirm and agree to the limited release of my or my child's information to a 3rd party including but not limited to arbitration (in my case only, not to be released in other arbitration cases), donor inquiries, media inquiries, online postings, consumer protection agencies, etc. in response to a claim or dispute. The release of information shall be limited to what is necessary and pertinent to address and satisfy the claim or dispute. Client agrees to release all pertinent information under any specific court order given to AZG. If the client wishes to restrict this release of information in the case of a claim or dispute, they should provide a written notification to above address and include a detailed list of the non-approved items. By signing this statement, you agree to release or disclose the information in the specific case of a claim or dispute and that this may supersede stipulations, requirements, and protection procedures in the HIPAA or our HIPAA Privacy notice.

I represent that I am at least 18 years of age, and if applicable, legal guardian of the child and have read and understand the foregoing statement and am competent to execute this agreement.

Signatures Required

Client/Child's Name: _____

Client/Child's Signature: _____ Date _____

Legal Guardian 1 Name & Signature: _____ Date _____

Legal Guardian 2 Name & Signature: _____ Date _____



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Additional Documents To Be Attached Or Submitted

In addition to filling out the above application information you will still need to pay the application fee of \$75 +Credit Card Processing Fee ([Click Here to Pay Online](#)) and attach the following documentation in order for us to process your application & schedule a home interview:

[Additional Documents](#)

(Download the forms at: <https://www.azgoldensllc.com/forms>)

- ☐ Prescription for a service dog or letter of medical necessity
- ☐ At a minimum, 2 social style survey sheets to be submitted. One is done by you on how you see yourself or your child. Other is a family member, friend, or therapist fills out.

Please scan and attach or submit the application along with any additional documents to email them to:

AzGoldensLLC@gmail.com

Or Fax them to:

1 (866) 674-3186

Or Mail them to:

Arizona Goldens LLC

P.O. Box 40776
Mesa, AZ 85274