

EIN: 83-2015945
AZ: 3059105



Dog ID (Pending Approval)

Date of Entry:
____/____/____

A Non-Profit Equal

Tucson, AZ

Opportunity Agency

Not Just a Program, We are a Community

520-465-3627

Today's Date ____/____/____

BE SURE TO COMPLETE DONATION REDUCTION FORM BEFORE MAILING

PLEASE FILL OUT THIS APPLICATION THE BEST YOU CAN AND FORWARD QUESTIONS. TO:

RAINBOW SERVICE DOGS, INC

PO Box 64093

or

Call: 520-465-3627

Tucson, AZ 85728

Email: rainbowsvcdogs@gmail.com

APPLICATION FORM

NAME: _____, AGE: _____, FACEBOOK Y / N

DATE OF BIRTH: ____/____/____ *****FACEBOOK NAME: _____ ** ** **

ADDRESS: _____

TOWN: _____ STATE: _____, ZIP CODE: _____ - _____

PHONE :(____) _____ - _____ Email: _____

DOGS' NAME: _____ DOGS D.O.B.: _____

PLEASE LIST EVERYONE LIVING IN YOUR HOUSEHOLD: NAME, AGE AND HOW ARE THEY RELATED TO YOU?

HOW DID YOU FIND OUT ABOUT OUR SERVICES?

IF REFERRED, BY WHOM? _____

WHAT ORGANIZATION OR CLUBS DO YOU BELONG TO?

ARE YOU A VETERAN? _____,

WHAT BRANCH OF SERVICE DID YOU SERVE IN? _____

WHAT DISABILITIES DO YOU HAVE?

DOCTOR'S NAME: _____, PHONE: (_____) _____ - _____

ADDRESS: _____, TOWN: _____, STATE: _____, ZIP: _____

SCHOOLING YOU HAVE COMPLETED:

NAME OF CLOSEST RELATIVE: _____

HOW IS HE/SHE RELATED TO YOU? _____

ADDRESS: _____,

TOWN: _____, STATE _____, ZIP: _____

PHONE: (_____) _____ - _____

COULD YOU DESCRIBE YOUR UPPER BODY STRENGTH, ARMS, and HANDS:

DO YOU (CIRCLE ONE) RENT? OWN? LIVE IN AN APARTMENT? WHAT FLOOR DO YOU LIVE ON:

_____, DO YOU HAVE A FENCED IN YARD: _____

HAVE YOU EVER OWNED A DOG/ANIMAL BEFORE? _____ WHAT KIND OF ANIMAL (S):

HAVE YOU EVER TRAINED WITH DOGS/ANIMALS BEFORE? _____

ARE YOU CURRENTLY TRAINING WITH ANOTHER FACILITY? _____

IF YES THEN WITH WHOM? _____

WHAT KIND OF TRAINING AND WHEN?

WHAT IS YOUR FORM OF TRANSPORTATION? _____

PLEASE TELL US ANYTHING ELSE YOU MAY FEEL IS IMPORTANT:

IF YOU WORK, WOULD YOUR EMPLOYER ALLOW YOU A WEEK OFF TO BOND WITH YOUR DOG (Animal) AND TRAIN IT IN YOUR HOME?

WOULD YOUR EMPLOYER ALLOW SOMEONE TO ACCOMPANY YOU AT WORK FOR A WEEK TO TRAIN WHERE TO POSITION YOUR ANIMAL, TEACH YOU THE PROPER WAY TO GIVE COMMANDS, WHILE ON THE JOB OR AT OTHER AREAS OF THE FACILITY? _____

WOULD YOUR EMPLOYER MIND IF THE INDIVIDUAL WHO ACCOMPANIED YOU IS DISABLED AND HAS A SERVICE DOG WITH THEM? _____

SERVICE ANIMALS REQUIRE DAILY TRAINING, GROOMING, PROPER FEEDING, AND CARE. WILL YOU BE ABLE TO PROVIDE THIS OR WILL SOMEONE IN YOUR HOME ASSURE THAT THE ANIMALS NEEDS ARE ATTENDED TO? _____ WHO, IF YOU ARE UNABLE TO?

SERVICE ANIMALS NEED BATHS EVERY WEEK OR TWO, CHECK-UPS WITH PROPER VACCINATIONS AND TESTS, WHO WILL BE DOING THIS ROUTINE?

DO YOU OWN PETS NOW? _____,
WHAT KIND _____
WHO CARES FOR THIS ANIMAL?

DOES A CARETAKER LIVE WITH YOU? _____, NAME: _____
PHONE#: (_____) _____ - _____, NAME OF EMPLOYER: _____

WOULD YOU BE ABLE TO ATTEND OBEDIENCE COURSES WITH THE ANIMAL AND PROVIDE SOCIALIZATION EXPERIENCES AS WELL, WITH PEOPLE AND OTHER ANIMALS?

THE COURSE WOULD REQUIRE THAT ONCE EVERY TWO WEEKS, YOU ARE ABLE TO MEET WITH TRAINER /PROGRAM DIRECTOR TO LEARN NEW COMMANDS AND DEMONSTRATE THOSE THAT YOU CONTINUE TO PRACTICE AND USE. WOULD YOU BE ABLE TO MEET THIS REQUIREMENT?

ARE YOU ABLE TO SOCIALIZE THE ANIMAL DAILY, AROUND OTHER ANIMALS, DOGS, PEOPLE (ESPECIALLY CHILDREN) TO ENSURE NO AGGRESSIVE TENDENCIES OCCUR? _____

WHERE DO YOU USUALLY GO TO SOCIALIZE THE ANIMAL?

DO YOU TRAVEL A LOT? _____, WHERE _____
HOW LONG (hours)? _____ (circle one of the next questions) DAILY? WEEKLY?
STATE THE REASON WHY YOU WANT OUR SERVICES OR A SERVICE DOG (Animal)?

DO YOU HAVE ANY SPONSORS? _____ IF SO, WHO ARE THEY?

WHAT TYPE OF WORK/ASSISTANCE DO YOU WANT YOUR ANIMAL TO PROVIDE?

CHECK (x) ALL TRAINING BELOW TO INDICATE WHAT YOU ARE LOOKING FOR:

- A: HELP BALANCING YOU _____ (Dogs more than 60 Pounds)
- B: GET THE PHONE _____
- C: WEAR A BACKPACK TO CARRY ITEMS FOR YOU _____ (Dogs more than 40 Pounds)
- D: OPEN DOORS _____
- E: RETRIEVE OBJECTS OUT OF REACH TO YOU OR THINGS YOU DROP _____
- F1: ALERT YOU TO AN ONCOMING SEIZURE _____,
- F2: STAY WITH YOU DURING SEIZURES _____
- G: PULL YOUR WHEEL CHAIR _____ (Dogs more than 60 Pounds)
- H: MEDICATION ALERT _____
- I: FALL ALERT _____
- J: DIABETIC (LOW OR HIGH SUGAR) _____
- K: BRACING (TO LIFT YOU UP IF YOU FALL) _____ (Dogs more than 60 Pounds)
- L: MOLD / ALLERGEN DETECTION _____
- M: LAUNDRY/ TRASH CHORES _____ (Dogs more than 30 Pounds)

FOR PSD/PSA ANIMALS:

- A: GROUNDING _____
- B: STABILIZE YOU DURING SPECIFICALLY DIFFICULT AND PSYCHIATRIC EPISODES _____
- C: ROOM SEARCH FOR TRIGGERS _____
- D: SPACIAL ALERT (APPROACHING INDIVIDUALS) _____
- E: BRACING DOWN (DOG LAYS ACROSS BODY) _____ (Dogs more than 60 Pounds)



Tucson, AZ

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WOULD YOU OR SOMEONE CLOSE TO YOU PLEASE DRAW A ROUGH LAYOUT OF THE RESIDENCE IN WHICH YOU LIVE. WE REGARD ALL INFORMATION PROVIDED WITH HIGH CONFIDENTIALITY, AND WE WILL NOT RELEASE IT TO ANYONE WITHOUT WRITTEN/ SIGNED CONSENT FROM YOU. (Please do this in the blank space on the page)

DO YOU WANT TO SHARE THIS APPLICATION AND INFORMATION WITH ANYONE?
(FOR EXAMPLE A DOCTOR): _____ (PLEASE STATE YES OR NO) IF SO, WHO?

YOUR SIGNATURE: _____ TODAY'S DATE: ____/____/____



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RELEASE TO EXCHANGE OR SHARE INFORMATION
(PLEASE MAKE COPIES IF MORE THAN ONE PERSON IS DESIRED)

I, _____, grant Rainbow Service Dogs, Inc, (RSD) staff permission to speak with _____, for the purpose of exchanging records, training plans / suggestions, and verbalize information concerning my well-being as well as the opportunity to enhance the performance of my animal.

PRINT YOUR NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGN YOUR NAME: _____

D.O.B. ____/____/____

DATE SIGNED: ____/____/____

PHOTO AND VIDEO RELEASE FORM

I, _____, grant Rainbow Service Dogs (RSD) permission to publish in print the likeness or image of myself in / on their Facebook page, their websites (<http://rainbowservicedogs.org> or <http://www.rainbowservicedogsinc.com>), and other publications related to RSD. I also grant RSD the permission to use video taken of myself in any group class, private lessons, on / off training site and play dates. I understand that all photos/Videos are the property of RSD. I hereby release Rainbow Service Dogs Inc., its employees, volunteers and any persons working for Rainbow Service Dogs, Inc from any and all claims for damages, libel, slander, invasion of Privacy, and any other claims based on such materials. I release all claims against Rainbow Service Dogs, Inc, with respect to copyright ownership and publication including any claim for compensation related to the use of the materials. Unless expressly requested, in writing, all photos and video become the property of Rainbow Service Dogs, Inc and can be used in future publications and products.

SIGN YOUR NAME: _____

DATE SIGNED: ____/____/____



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(520)465-3627

E-mail: RainbowSvcDogs@gmail.com

TODAY'S DATE: ____/____/____

PROCEDURES & RELEASE OF LIABILITY AGREEMENT

Rainbow Service Dogs Inc is an equal opportunity entity which does not discriminate against: ethnicity, financial status, social status, sex, sexual orientation, handicap, religion, age, race, educational background or level, type of breed of animal, nor its size.

- Call (afternoon or evenings UNTIL 6 PM only) Rainbow Service Dogs Inc for an over the phone Interview, to retrieve an application and to make an appointment. (Do not be intimidated over the paperwork/application. We will be glad to assist you in filling it out).
- Please use our letter format at the back of the application and have your doctor rewrite it on their letterhead. The letter must state what your disability and limitations are, and how a service dog could benefit you.
- You will need to meet with an RSD Evaluator, for the purpose of exchanging literature, for RSD to answer questions, view how a service dog may help, explain what you expect and to discuss how this process works. If you already have a dog you would like to train, please ask before bringing it to meeting. (Acceptance of previously owned dog's varies upon dogs breed, age, and other factors) (PLEASE NOTE THAT NO DOGS OVER THE AGE OF 3 YEARS WILL BE ACCEPTED INTO THE SERVICE DOG PROGRAM WITHOUT SOLID PROOF OF PUBLIC OBEDIENCE TRAINING.)
- Attend appointments, or call to arrange a new appointment. (Please give 6 hours advance notice unless it is an emergency)
- An interview session (and a possible home visit) are required prior to acceptance and before the actual search for a potential service animal can occur. If the Animal is already a member of the household, a behavioral analysis of animal must be completed to ensure competence of animal to learn and maintain ability to complete tasks.
- The application, along with the Release of Liability must be completed before RSD can participate in helping with the search and testing of any potential service dog.
- By signing this AGREEMENT, you understand and agree to keeping in contact with RSD, and to follow all guidelines with training laid out for me.

- I also understand that under no circumstances can RSD accept an animal that has not been through pre-approved testing (There are exceptions in which a person's animal, may qualify, but RSD has the right to make the final decision regarding such rare occasions).
- I understand RSD can revoke my dog's identification and/or service dog status If I do not complete requirements of the organization regarding behavior, command training, as well as time required. The identification and release from the program will be immediate when there are 2 or more occurrences in which the dog proves to be a public nuisance, a threat to children, individuals, or attacks another dog, or the owner does not comply with training protocol.
- I understand that for offenses or program requirements and/or rules the following applies:
 - First time, The owner of the service dog will receive a probationary letter. If I, as a member still violate the probationary expectations, I understand that RSD can revoke the certification and request return of ID and require the individual not to utilize the vest, However, RSD can in no uncertain terms stop you from using your own dog as a service animal. **IF ONE IS FOUND TO UTILIZE THE VEST OR ID UPON RELEASE FROM THE PROGRAM, ONE WILL BE REPORTED TO THE PROPER OFFICIALS AS TO THE EXPULSION FROM THE PROGRAM. This is the one occasion where RSD is REQUIRED UNDER LAW to notify authorities without prior contact with the said owner of the animal.**
 - **EXPULSION FROM THE PROGRAM and revocation of membership may also occur if member does not adhere to RSD standards of behavior within the public forum and has been given ample opportunity (3 strikes) to change such behavior. Notice of probationary status may be given verbal or in writing and documented in training logs.**
 - Applicants are encouraged to accompany an RSD Animal Evaluator when searching for the proper and potential service dog, however, during any such events the applicant must follow the evaluator's instructions, directions, and be in agreement with any and all decisions made by evaluator. If the animal is adopted through the local humane society, animal control or a rescue, the applicant is responsible for all fees required by agency in which the dog is chosen.
 - Once an animal is selected/accepted, I, _____, agree to abide by the stewardship of the dog selected; agree to accept full and total responsibility of the dog's actions; and as appointed owner of the dog, I am in full agreement not to hold RSD professionals, shelter or previous owner (s), liable if the dog bites me, any of my family members, friends, other animals, or citizens at any time. By signing below, I also agree to be closely monitored throughout the process, before, during and after the selection and training for **120 training hours plus 40 hours of education and outings or longer if deemed necessary. I agree to maintain Behavior and training logs to be brought to class once a week for review.** By signing below, I am also in agreement that once all steps are fulfilled, and I and the animal graduate, RSD's obligations and responsibilities are complete except I **am expected to have the dog participate in a yearly behavioral analysis to ensure no problematic behaviors have arisen. I also agree to follow-up training sessions every six months if deemed necessary from an RSD representative.**
 - **I understand that I am required to attend trainings at least once a week and attend RSD Public Outings or Education Days at least once a month once deemed eligible to attend.**

- I understand that once an animal is accepted into the program, it is my responsibility to ensure that RSD has updated copies of all immunizations, training, and licensure. I must also notify RSD of any changes in my household and if moving.
- I understand that all applicants are encouraged to participate in any public related program in which RSD has requested support. This may include attending education at schools, hospitals, and / or businesses with my service dog.
- I agree to call in case event of an emergency (ex.: chronic illness, accident, animal or I become hospitalized) for support and planning of proper care of the dog placed in my custody in the event that any of the above occur. By signing below, I agree that I am of sound mind and legal age, have fully read, (or had read to me) this document which contains the eleven Rainbow Service Dogs Inc, (RSD) Procedures and Release of Liability.
- ***I understand that while a member of the program or thereafter, if an issue arises with another member or staff that I am expected to speak directly with the program director or submit a written report to the Program Director. I understand that I am expected to respect the privacy of all members and/or staff and will not defame them or the program in any manner.***
- ***I understand that under NO CIRCUMSTANCES am I to meet with clients outside of training to discuss any issues that arise between myself and other clients or staff.***
- I understand that I am responsible to pay for badges / ribbons for each testing that my dog completes at the rate of \$12.00 each if I choose to receive them for my dog. If my dog chooses to take the 5 levels of AKC TRICK DOG, I understand I am responsible to pay for the ribbons for each level and / or badges at the rate of \$12.00 each.
- ***I understand that RSD vests ordered by staff must be completely paid for before ordering. For those who are in need of a different type of vest (ex: One that has bags or handles attached) Staff must approve of type before ordering. (For those prior to June 2016, vests purchased by members belong to RSD and that the vest remains the property of RSD until they have graduated with their CGC, CGCU (Urban Canine), & CGCA (Community Canine Good Citizen) and have completed time requirements. They are also required to pass the Public Access Test.)***
- I understand that my dog will undergo an initial training assessment to be followed up every 3 to 6 months (deemed by trainers) until I complete all required assessments (AKC) and the Public Access Test. Upon completion of all assessments and my graduation from the program, **I will then be required to attend 1 assessment session yearly to ensure my service animal remains in compliance with the minimum standards of Public access.**
- I understand that if the dog I bring into the program is under 4 months of age, I will be required to attend 8 to 16 weeks of puppy socialization class
- I understand that if my disorder is one in which the animal needs to detect a scent (hormone change-with panic and anxiety, sugar level change, etc.), I will be required to attend at least 8 weeks of scent detection class.

- I understand that upon initial assessment, staff will present an estimate of cost for classes but that if within the program, other classes are deemed necessary, there will be an additional fee of up to \$200.00 per 8 weeks.
- I understand that training sessions ARE BASED ON A SLIDING SCALE WITH THE BASE RATE OF \$1500.00 to \$2100.00 for the year for group sessions. I understand that I will be required to attend at least 60 weeks of classes, twice a week, or complete 120 Service Dog training hours (which if I demonstrate proof of Homework, those hours are counted as part of training hours) before completing program. The total amount of bill may be broken down into 4 to 6 payments but must be fully paid in order to graduate and undergo the final Public Access Test. I UNDERSTAND THAT WITHOUT PROVIDING VERIFICATION OF INCOME, I MAY BE CHARGED THE HIGHER RATE FOR EACH SESSION. If I choose or request private or individual sessions, the fee is \$18.50-\$25.00 per session. Sessions in a client's home run \$30.00-\$35.00. I also understand that given the rising costs of living, training fees may change during the interim for which I am in the program.

Agreement: I am aware that if I leave RSD before graduation, the initial deposit is relinquished. I also agree to properly care and provide proper stewardship of any animal placed in my care, and understand that mistreatment, threats to harm, or negligence of such animal will warrant legal actions by law enforcement/authorities and that I will relinquish custody to required officials.

I understand that any monies previously paid in program are non-refundable and will be applied to the scholarship program to be utilized for other members.

With my signature below, I am in total agreement that I am signing this contract under my own free will. I understand that this is a legal binding contract and even though I choose to leave the program, I will be required to fulfill the payment of entire invoice. I am relinquishing the right to participate in all trainings. If the animal is one placed through RSD, I must relinquish custody of my animal back to program or to relinquish such animal to a no kill shelter if I am given the option. If RSD cannot take custody of the animal, and if I am unable to care for the animal, I understand it is my responsibility to locate a safe place for the animal where it can receive the care expected or previously stated in this agreement.

Print Name: _____, Signature: _____

Date signed: ____/____/____

Witness name: _____ Date signed: ____/____/____

Who is the veterinarian your animal will be seen by? _____

When was your animal last seen by this vet or any other vet? _____

Please attach a copy of shot records: (this includes rabies, diphtheria, parvovirus, Kennel Cough (if your dog will be spending time in areas visited by other dogs)). Please also attach any information regarding where the animal was adopted from and any prior history if available.



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CLIENT COMMITMENT FORM

Realizing that teaching a fearful, anxious, reactive or aggressive dog will require a great deal of time and effort on my part, I _____ wish to participate in the Rainbow Service Dogs, Inc, teaching system to reach realistic goals, which we have set as priorities.

My dog must meet medical screening criteria, as needed, and as established by the Rainbow Service Dogs, Inc, protocols before entering our customized program. If medical complications arise during the program, I will be referred back to my veterinarian to address these issues.

My goal:

- I agree to participate in and complete all phases of the program—including added classes (if deemed necessary)
- I will attend bi-weekly sessions during all phases of the program (unless otherwise specified) and notify Rainbow Service Dogs, Inc, in advance when I am unable to attend, giving **48-hour** notice, or if I am physically ill, give **24-hour** notice. I realize that there is an attendance policy in order to make systematic progress, and commit to following this policy.
- If doing the Video Training Program, I promise to actively participate in the program, taking notes, observing my dog's behaviors, completing journals, taking photos and videos for use by the Rainbow Service Dogs, Inc, training staff to evaluate and redirect games if necessary.
- I also realize that I have the option of leaving the program at any time but I must notify the training center one week before I depart.
- Rainbow Service Dogs, Inc, also can exit at any time it is deemed there is no commitment or compliance to the program, as we take a results-oriented approach seriously.
- I understand that in the interest of my dog's progress and well-being, as well as health, I must maintain my dog's learning once I reach my goals and agree to attend regular yearly assessments to ensure the dogs behaviors meet Rainbow Service Dogs, Inc, guidelines and requirements for public behavior. I understand in order to continue a bonded relationship and maintain effective task compliance, we, as a team must not go back into old habits. I understand that I must maintain my dog's alternative behavior plan consistently.

- Therefore, I am making the commitment to understand and practice the behavior modification changes presented in this program. If I find myself having difficulty, I will not hesitate to contact a member of Rainbow Service Dogs, Inc, for assistance. I realize that regular communication via email, phone, Skype, Facetime, digitals and video are necessary in between sessions to stay on track and make progress. I also realize that if I cannot attend class I may request, if available, a session via Skype or other visual methods.

Involvement:

I agree to adhere to the Rainbow Service Dogs, Inc, program by being actively involved in the bi-weekly sessions. I also agree to purchase any equipment or products needed, such as proper harness, leash, and collar as outlined in the behavior modification program and to be prepared with all necessary training treats, toys, water and other supplies for class.

I understand the program offers the following services to make the behavior modification work effectively and safely with my dog:

- Veterinarian visit and screening before entering the program • Routine visits with one or more of the program trainers
- Weekly sessions that include information on behavior modification, stress release, and exercise, nutrition as needed
- Every three weeks there will be an evaluation/review of where we were, where we are now, and where we are going
- Individual consultation about program-related issues that may be initiated by the team or by me
- Bi-weekly conversations with trainers
- Monitoring at intervals, milestones, objectives, graphs, reviews
- Homework sheets and a training journal kept to demonstrate homework being completed

I have read all the above statements and understand their meaning. It is my wish to participate in the RAINBOW SERVICE DOGS, INC, systematic behavior modification process as designed under the conditions described.

Executed on this _____ day of _____, 20__

‘Client’

“Trainer/Director”

(Print Name)

(Print Name)

(signature)

Kelley Fecteau (Program Director)

(email)

(email)



Tucson, AZ

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RELEASE ADDENDUM

Please read the agreement and then fill out the form. By filling out the form you are attesting that you will abide by the rules of this program. Our program utilizes positive reinforcement games and exercises and by signing below you agree to adhere to the following: Informed consent

- We love animals with all our hearts and are committed to training force-free maximizing fun and playful techniques. We emphasize fun and joy in our training and work to minimize stress as much as possible.
- We base our training methods on scientifically proven methods that are animal-friendly. If there should be a conflict between what is animal-friendly and what the animal's parent desires, we will side with what is animal-friendly.
- We work to get animals out of crates so that they may move freely and safely coexist with humans.

There is overwhelming scientific evidence that positive reinforcement is the best way to train animals. We are committed to using at most a mild aversive only as a last resort. Shock collars, prong collars or choke chains are not an option and NOT ALLOWED.

- We do not advocate physical corrections, throwing things at or near the animal or spraying liquid in an animal's face.
- We foster our continuing education and consistently work to continue our education. All staff are certified and those in training, work under the supervision of a certified trainer while they are pursuing certification.
- We educate humans to employ patience and to seek to understand an animal's needs and wants.
- We coach people to communicate consistently and clearly with their animals. We work within our level of competence.
- Less experienced trainers are supervised by more experienced ones.
- We do not give advice on anything that is outside of our area of expertise.
- We refer clients to competent professionals for issues that are outside of our area of expertise.
- We keep client information confidential sharing client info **ONLY** with staff, those in a position of supervision, and with those you have agreed to have information shared with outside of our agency, with the exception of neglect or abuse of an animal or if the animal is

dangerous.

- Clients should know they are empowered to decline any recommendations that we make for them or their dogs. We encourage clients to ask questions.

Schedule of fees:

Most group classes are \$12.50 to \$18.50 a session.

Private instruction is \$18.50 to \$25.00 per hour (BASED ON INCOME)

In home instruction is \$30.00-\$35.00 per SESSION.

Puppy classes, Scent classes or other specialized classes are based on a set rate of \$25.00 per class.

Video/Online classes in which we work with you via Skype or other video messenger program vary depending on what areas need to be addressed with a base of \$18.50 to \$25.00 per hour, again based on income or \$200.00 per 8-week session. *(Your succession video training via Skype or other messenger depends solely on you completing tasks while away from the video session and maintaining proper records and journals of all work completed)*

Failure of payment will result in discontinuation of services.

The successes of training strongly depend on three factors:

- An owner's willingness to heed the advice of the trainer (the professional), proper reinforcement at home and maintaining an open line of communication with the trainer. Cooperation from all parties is key to the learning process and to rehabilitation.
- This includes not mixing methods during your time of training with Rainbow Service Dogs. We are positive reinforcement-based trainers and any deviation from that will ruin the gains made here.
- You must spend at least 15 minutes a day training. Not doing so will prevent your dog from learning required items within the time allotted. An hour- long session once or twice a week cannot teach a dog what it needs to know. **YOU MUST be involved** on a daily basis.

Photos and videos will be taken during training classes and private lessons. These photos are the property of Rainbow Service Dogs Inc, but shall be available upon request to clients. These photos and videos will only be used for promotional purposes

OUR GUARANTEE

We believe it is unethical to make guarantees about behavior results. In fact, as members of the International Association of Assistance Dog Partner Professionals (IAADP), we pledge to refrain from giving guarantees regarding the outcome of training. Instead of guaranteeing specific behavior results, we promise to work with you and your dog to achieve a better relationship.

Rainbow Service Dogs, Inc, DOES guarantee you will receive:

- Stellar customer service
- Trained, expert staff who is committed to ongoing continuing education
- Commitment to balanced, positive reinforcement training methods
- A commitment to help clients seek relief, change, and improvement
- We are committed to excellence, and that you can count on.

It is unethical for trainers to guarantee changed behavior results. This is due to the variables in dog breeding and temperament, owner commitment and experience, the dog's future life experiences, etc. You know this to be true when you consider that human behavior cannot be guaranteed, let alone a dog's behavior. Dogs are independent beings that we cannot sit down with and orally or physically persuade to comply with our instructions. It doesn't matter if that session is one hour or 10 hours long. One session is not going to change behavior patterns in either the dog or you. You must understand that when it concerns behavior, it is up to you to change and learn so that your dog can change and learn. No trainer anywhere can guarantee you and the dog.

Your dog's success is dependent on YOU doing your homework if you are getting private lessons or coming to group class. If at the end of each week the dog is not showing that he can do that week's homework, you will repeat that week. The dog cannot progress to the next set of exercises without some proficiency in the ones you were to be teaching him.

I am aware that there are inherent risks and hazards involved in activities with and around dogs, and I am voluntarily participating in these activities with knowledge of potential dangers. I am aware that any dog, regardless of training, handling, or environmental circumstance, is capable of biting and I expressly acknowledge the risks therein.

In order to participate in dog training classes or other activities, I, being fully informed of such risks and hazards, agree to assume all risks of such occurrences.

I hereby waive any and all claims or actions that I or my guardians or representatives may have, from any and all personal injury to myself, my dog, children in my charge, or harm to property or person caused directly or indirectly, through action or inaction of self or others, by acts that might occur in dog training classes, any other format of training activities or secondary training without trainer present or engaged.

I agree to indemnify Rainbow Service Dogs, Inc, and its employees and affiliates from any and all claims by myself, member of family, or any agent while within training facilities, within my home property, as a result of attempting to follow verbal or written instructions or in the general public as a result of any action or inaction, of either my dog or any another.

I also agree to assume sole responsibility for injury or damage caused by myself, children in my charge, or by the dog I own or handle and further agree to indemnify, defend and hold the instructors, trainers, assistants and property harmless from any damage, loss, liability or expense, including legal cost and attorney's fees, which result from damage caused by myself, children in my charge, or by the dog I own or handle.

I understand that if I continually disrupt the class through inappropriate behavior of myself, including being late, making other members feel uncomfortable by my actions, refusing to adhere to class rules, I will be given a probationary status for up to two months...if I continue, I may be expelled from program.

I expressly understand this to mean that I am relinquishing and releasing my right to sue others in either negligence or liability based on either another person's act or the actions of his/her animal.

I recognize that the role I play in my dog's learning process is integral to achieving desired results.

I acknowledge and agree that there is no guarantee that my dog will achieve the desired level of training within the required time of attendance, despite the best efforts of the instructor or instructions.

I understand that there are no refunds after payment has been made.

I hereby declare that I am of legal age and competent to sign this agreement and that if not, that my parent or legal guardian is in complete understanding and concurrence with this agreement. I understand this agreement. I agree to be bound by it.

First Name:	Last Name:
Street:	City, State
Zip code:	Email:
Phone:	Dog's name:
Dog's Breed:	Dog's age (D.O.B.):

OWNER: _____ DATE: ____/____/____

WITNESS: _____ DATE: ____/____/____

CC: Rainbow Service Dogs, Client, Client File, any other insurance or state agency deemed necessary



Tucson, AZ

Not Just a Program, We are a Community

#83-2015945 AZ License #3059105

520-465-3627

ADDENDUM REGARDING LIABLE

Rainbow Service Dogs, Inc, and any affiliate programs, strive to maintain a professional environment with a supportive, cohesive atmosphere. We make every effort to problem solve if a member presents with an issue. In our contract agreement.

It is clearly stated that members will discuss problems, complaints, or other issues privately, and preferably, with the program directors.

If the directors are not available, individuals are encouraged to discuss issues with only the staff and board members. Clients are not to discuss issues with other clients regarding anything pertaining to RSD.

We wish to include this addendum to make it clear that discussions or complaints of a negative and derogatory nature, that are made to other members or on social media sites, and in the general public, will not be tolerated or allowed and may be grounds for immediate dismissal from the program. This includes complaints about how the program is run, complaints about charges, and or hurtful remarks about other members and staff members.

Rainbow Service Dogs, Inc, reserves the right to take action pursuant to our contract.

Anyone who participates in this sort of activity will be considered for termination, with forfeiture of all fees previously paid without refund. It is further understood that any negative statements as listed above that are made about the program, the directors, the staff or other members after graduation will be considered a hostile act. If a member is non-compliant with this contractual agreement, we will pursue legal action.

Print Name: _____

Signature: _____ Date _____

Witness: _____ Date _____

CC: Rainbow Service Dogs, Client, Client File, any other insurance or state agency deemed necessary



Tucson, AZ

A Non-Profit Equal Opportunity Agency

Not Just a Program, We are a Community

520-465-3627

INCOME VERIFICATION & DONATION /REDUCTION REQUEST FORM FOR REDUCTION IN FEES

PLEASE BE AWARE THAT ONCE RATE IS FIGURED, YOU WILL BE REQUIRED TO PUT A MINIMUM OF FIRST 3 MONTHS DEPOSIT (DEPENDING ON INCOME SCALE) for SD CLASSES AS WELL AS AT LEAST 4-WEEKS (100.00-150.00) OF SPECIFIED EXTRA CLASSES UPON ENTERING THE PROGRAM TO BE APPLIED TO ACCOUNT.

PLEASE PRINT CLEARLY AND SIGN BELOW

TODAY'S DATE: ____/____/____

PLEASE SUBMIT VERIFICATION OF ALL INCOME WHEN SUBMITTING THIS FORM

NAME: _____, SOCIAL SECURITY #: ____-____-____

DATE OF BIRTH: ____/____/____, AGE: _____, SEX: M / F (CIRCLE ONE)

ADDRESS: _____, TOWN: _____,

STATE: _____, ZIP: _____

HOME PHONE: (____) ____-____, WORK PHONE: (____) ____-____

MAILING ADDRESS IF DIFFERENT FROM RESIDENCE

_____, TOWN: _____, STATE: _____, ZIP: _____ ANNUAL FAMILY INCOME: \$_____.____, NUMBER OF

FAMILY MEMBERS: _____ TYPE OF INCOME: _____, PROGRAM/WORKER:

_____, ADDRESS: _____,

TOWN: _____, STATE: _____, ZIP: _____

PHONE NUMBER: (____) ____-____, EXTENSION NUMBER: _____

TYPE OF INSURANCE: _____ EXPIRATION DATE: ____/____/____

INSURANCE NUMBER: _____,

CIRCLE IF: MEDICARE MEDICAID COMPANY NAME: _____

DO THEY OFFER ANY DEDUCTIBLE AMOUNT? _____ ANY CO-PAYS REQUIRED?

_____, BASIS FOR FEE REDUCTION (please circle one) LOSS OF INCOME MEDICAL EXPENSES ON-GOING CIRCUMSTANCES HOMELESS

PRINT NAME: _____

SIGN: _____, TODAY'S DATE: ____/____/____



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If you would like to be billed for group training fees 3 months (13 weeks) at a time, (prior to training sessions) or private training fees 1 month in advance (4 or 5 weeks depending on month) please fill out this form below. If you pay in advance at a time, you will receive a discount.

Name: _____

E-Mail: _____

Dog ID (to be filled in by staff): _____

Private (Monthly)

Group (3months)

Billing Information:

_____ pay by check (Money order or Cashier's check preferred) (If you pay by personal check please understand you will not be able to attend class until check has cleared)

_____ Bill Me / Pay Cash

_____ pay by Credit Card (please note a fee of 2.75% will be added to bill to cover fees charged by companies for processing)

Card Type:

MasterCard

Visa

Discover

(we do not accept American Express)

Card Number: _____

Security Code: _____ Expiration Date ____/____

**MENTAL HEALTH
REPORT**



P.O. Box 64093, Tucson, AZ 85728
520-465-3627
<http://rainbowservicedogs.org>
<http://www.rainbowservicedogsinc.com>

I, (print name), _____ give my consent for the below named mental health treatment provider to release the information requested in this form. In addition, I give consent for Rainbow Service Dogs Inc, or its consultant, to communicate directly with my mental health provider or treatment team while I am participating in Rainbow Service Dogs Inc service dog training programs or am considered to be Rainbow Service Dogs Inc, Certified Handler/Dog Team. I will inform Rainbow Service Dogs Inc if I change my mental health provider or treatment team.

Signature: _____ Date: _____

If applicant is under age 18, Parent/Guardian must sign below:

Signature: _____ Date: _____

Print Name: _____

This section to be completed by the above-named person’s current mental health provider.

Is the person listed above currently a client of yours? ... Yes..... No

Does client have a diagnosed mental illness? ... Yes..... No

If yes, what is the diagnosis? _____

Activities of Daily Living (ADL):

Is client able to exercise judgement and make decisions necessary for ADL? Yes..... No

Is client capable of perception and memory to the degree necessary to sustain ADL? Yes..... No

Is client able to follow directions and learn to the degree necessary to sustain ADL? Yes..... No

Is client capable of decisions about personal and other’s (people & pets) needs and safety? Yes..... No

Here is a brief overview of our program:

- It takes an average of 60 weeks (15 months) to complete the program.
- Client must attend a minimum of four (4) lessons every month (8 is recommended including 2 outings).
- There will be a minimum of two (2) lessons in client’s home or work environment.
- Client must practice what he/she learns in regular daily training sessions with the dog and maintain homework/training logs to provide to staff if requested.
- Client must make an on-going commitment to maintain the dog’s training after completion of the Program and attend yearly behavioral assessments.

Client must ensure that the dog is healthy and well groomed.

In your opinion, is client capable of managing these program requirements? ... Yes..... No

If No, please explain _____

In your opinion, is client capable of properly caring for a dog? This includes remembering and providing for its physical needs (feeding, watering, toileting, and exercising several times a day); having transportation to classes & veterinary visits; and the apparent financial means for providing food, equipment, annual veterinary care (including emergency care), and training classes? Yes..... No

If No, please explain _____

Does client have a treatment plan? ... Yes..... No

If yes, please describe _____

Is client taking any medication for the diagnosed issues? ... Yes..... No

Is client compliant with medications? ... Yes..... No

How long have you worked with client? _____

How often do you see client (i.e. weekly, monthly, prn)? _____

Is client on time for appointments? ... Yes..... No

In your opinion, is client emotionally and mentally stable? ... Yes..... No

If No, please explain _____

Has client been hospitalized for mental health reasons? ... Yes..... No

If Yes, please describe _____

Does client have anger management issues; or a history of violence or threatening violence towards themselves, others, or animals?

Yes... No. If Yes, please explain & describe treatment & self-management plan:

Is client actively suicidal? Yes... No

Do you know what kind of support system client has? ... Yes..... No

If Yes, please describe _____

Any further comments on why you consider/do not consider that a service dog would be an appropriate part of the treatment plan for this client?

Type of Mental Health Professional _____

Provider Name _____

Provider Signature _____ **Date** _____

Practice Name _____ **Phone** _____

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, recordkeeping, and billing. However, such information may only be accessed on a need-to-know basis. Need-to-know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.

**PHYSICIANS
REPORT**



P.O. Box 64093, Tucson, AZ 85728

520-465-3627

<http://rainbowservicedogs.org>

<http://www.rainbowservicedogsinc.c>

I, _____, give my consent for the below named physician to
(Patient's Name) release the information requested in this form.

Signature: _____ Date: _____

If applicant is under age 18, Parent/Guardian must sign below:

Signature: _____ Date: _____

Print Name: _____

Dear Physician:

The patient listed above wants to train a dog in a Rainbow Service Dogs, Inc. Service Dog class. In order to verify that your patient has a qualifying medical condition, we would appreciate your answering the following questions.

Is the person listed above currently a patient of yours? _____ Date of last Tetanus shot: _____

What is the nature of the medical condition that this person would like to train the dog to assist with?

Is this patient taking medication related to this condition? Yes No

Is the person involved in therapy related to this condition? Yes No

Is there any additional information you would like to provide that would assist us to better meet the needs of this person?

Our classes are held at numerous locations. Please call us at 520-465-3627 to inquire information. Feel free to visit or call us (520-465-3627). Thank you for your time.

Physician Signature _____

Physician Name _____ Date _____

Address _____ Phone _____

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, recordkeeping, and billing. However, such information may only be accessed on a need-to-know basis. Need-to-know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.

**VETERINARY
REPORT**



P.O. Box 64093, Tucson, AZ 85728

520-465-3627

<http://rainbowservicedogs.org>

<http://www.rainbowservicedogsinc.com>

I, _____ give my consent for the below named veterinarian to release the information requested in this form.

Signature: _____ Date: _____

If under age 18, Parent/Guardian Name & Signature:

Dog's Name: _____ Breed: _____ Age: _____ Sex: _____

Microchip Number (Mandatory): _____.

Dogs in estrus ("heat") will not be allowed unless in diaper and kept on leash

Is dog spayed/neutered

Yes — Date (if known) _____

No — At what age will this be done? _____

**Veterinarian fills out
all info below line**

Dates of: (Please include copies of shot records)

Rabies (required): _____ 1yr 3yr Adult or Primary Distemper (required): _____

Parvo (required) _____ Adenovirus 2 (Hepatitis) (required): _____

Parainfluenza (optional): _____ Bordetella (required): _____

Leptospirosis (Optional): _____ Basic Eye Exam: _____

Internal Parasite Check: _____ External Parasite Check: _____

General physical
health: _____

Weight: _____ If over or under weight, the dog needs to lose / gain: _____ pounds.

Any chronic conditions?

Mental health & willingness to be handled & examined:

Has dog ever attempted to bite you or any of your staff? Yes No

If so, please describe circumstances:

Service Dogs must be individually trained to do work or perform tasks for the benefit of an individual with a disability.

They must be physically capable of performing these tasks and of tolerating certain conditions depending on the owner's individual needs. Examples of possible tasks/conditions are:

- Retrieving (no mouth or teeth problems);
- Walking on hard surfaces to accompany owner & climbing into cars or onto buses without help; and able to wear booties without issue.
- Bracing & Balance work—wearing a walking harness, assisting owner to rise from floor, chairs, etc. (Hip, knee, wrist, spinal, or other joint defects/dysplasia);
- Alert Work (the dog alerts its owner to sounds, changes in blood sugar levels, changes in blood pressure etc.).

Does this dog have any signs/symptoms of joint problems/defects? _

Does this dog have any other issues that you are aware of that may affect its ability work as a service dog?

Veterinarian _____ Date: _____

Address or Practice Name _____

Phone _____

This **is a sample letter.** Please have your physician / psychologist copy and retype it on their letterhead

Date: ____/____/____

To Whom it May Concern,

My patient _____, suffers from _____, _____, _____, which causes _____ and could benefit from a Service dog, to assist with _____, _____, _____. I am recommending that he/she be allowed to participate in the training and service dog program. If my client chooses to have an ESA (Emotional Support Animal), Companion dog, He/she **understands they are not covered under the same legal rights to public access guaranteed by the ADA and may not take the dog into public places.**

My patient _____ meets the definition of disability under the American with Disabilities Act, Fair Housing Act and the Rehabilitation Act of 1973 as well as the revised 2011-2012 act. I have explained to my client/patient that in order for the animal to be considered a service dog allowed in the public forum, the animal must be able to Pass the Public Access Test, and acquire the Canine Good Citizen, Canine Urban Citizen & the Canine Community Good Citizen.

My client understands that if he /she chooses not to undergo training with a reputable trainer and pass the test that the dog will be considered a Companion/Emotional SUPPORT Animal and that the animal is not allowed the right to go into all public forums (businesses, restaurants, grocery stores, Etc.) and is only to be within the home.

Sincerely,