



1st Responder Canine Service Dogs  
107 Amelia Street  
Fredericksburg, VA  
22401

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## **1st Responder Canine Service Dogs Placement Procedure and Criteria**

### **Disclaimers**

- ❖ All applicants will be considered regardless of race, gender, religion, creed, sexual orientation, and ethnic origin.
- ❖ Approved successor dogs have priority over first time applicants
- ❖ Wait times will vary depending on specific needs and dog availability
- ❖ 1st Responder Canine Service Dogs reserves the right to end application, training, or placement process at any time.

### **Preliminary Application Procedure**

- First submit an inquiry to our website  
<https://www.firstrespondersk9.com/apply-for-a-dog> please indicate type of assistance dog you are applying for and your need. Before submitting inquiry, please review the following requirements:
  - Applicant must be able to travel to 1st Responder Canine Service Dogs headquarters located in Stafford, Virginia for a minimum of two weeks for training.
  - During training applicant must demonstrate proficiency in handling assistance dog and caring for health, safety, and well-being.
  - If applying for a PTSD service dogs applicant must:
    - Have an official PTSD diagnosis from medical professional
    - Be actively engaged in therapy for minimum of 1 year
  - If applying for a service dog, applicant must present medical need for service dog. Applicant should understand that 1st Responder Canine Service Dogs may not be able to train specific tasks to meet their needs.
  - Applicant must be available and willing to communicate with 1st Responder Canine Service Dogs staff during application and placement process, as well as post-placement.
  - Applicant may be asked to submit proof of finances sufficient for caring for assistance dog
- **Phone call with Director of Training to determine eligibility.**
  - Director of Training will discuss with applicant needs and lifestyle to determine if assistance dog from 1st Responder Canine Service Dogs would be a good fit for individual.
    - Direct of Training will analyze tasks desired of assistance dog and if we can meet basic needs.



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- Applicant will be given application packet to fill out and return or be referred to another organization that may be able to meet needs

→ **Placement Application and Medical History Form**

- Applicant will be sent application to complete and submit back to 1st Responder Canine Service Dogs.
- Applicant will have medical provider fill out Medical History Form and submit back to 1st Responder Canine Service Dogs
- Once full application is complete and submitted, staff will review application to determine eligibility. If approved, applicant will be scheduled for an in person interview or video call.
- In conjunction with 1st Responder Canine Service Dogs application, applicants are encouraged to submit applications and inquiries with other service dog organizations due to wait times. For more information, please seek advice from Director of Training

→ **Interview Process**

- Applicant will be scheduled for an in person or video call interview with Director of Training and other FRK9 staff.
- Placement team bases decision regarding assistance dog placement per the following criteria:
  - If applying for a service dog, is a service dog necessary for the applicant to mitigate a disability.
  - Can assistance dog perform enough specific tasks to benefit applicant
  - Can applicant properly handle and care for assistance dog
- Applicant will be notified as to whether their request for an assistance dog has been approved. Applicant will be placed onto assistance dog wait list until an assistance dog becomes available that meets needs of individual and matches personality.
  - *Please note this is the longest part of application process*
  - If local, applicant is encouraged to participate in puppy mentor class and events appropriate and recommended by Director of Training to stay involved.
  - Please note that approval of application does not guarantee the applicant will receive an assistance dog.

→ **Notification of Placement and Training Procedure**

- Applicant will be notified of scheduled Team Training at 1st Responder Canine Service Dogs headquarters in Virginia.
- Director of Training will send out welcome packet and details regarding Team Training and the placement process.
- Team training is a minimum of 2 weeks and applicants must successfully complete team training before leaving with their assistance dog. It is highly



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recommended that the applicant purchases travel insurance in the case dates need to be adjusted.

- Arrival and completion of team training does not guarantee assistance dog will leave with applicant. 1st Responder Canine Service Dogs reserves the right to stop placement at any time.

### **Placement Interruptions**

- 1st Responder Canine Service Dogs is involved with the assistance dog team for the life of the dog. 1st Responder Canine reserves the right to stop the placement at any time before, during or after placement. Reasons to end placement may include but are not limited to:
  - Team is unable to pass the Assistance Dogs International Public Access test
  - Applicant is unable to handle assistance dog to 1st Responder Canine requirements
  - Assistance dog is not meeting applicant needs
  - Applicant is unable to care for assistance dog
  - Applicant is not using assistance dog as intended
  - Dogs health, safety, and well being is at jeopardized due to placement

### **→ Post Placement Expectation**

- Applicant will be expected to communicate with 1st Responder Canine Service Dogs staff regarding dog behavior and work habits.
- Teams are required to return to headquarters for recertification regularly and additional training if necessary. Teams will be required to recertify at headquarters within 12 months of graduation and every 24 months after first year.
- Applicant must sign a release for their health providers, giving 1st Responder Canine Service Dogs access to communicate yearly for purpose of follow up and improvements in results of assistance dog.
- Applicant must submit yearly wellness exam on assistance dog from licensed Veterinarian.



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## **1st Responder Canine Service Dogs Placement Application and Medical History**

Are you a first responder?

- Yes
- No

<b>Applicant Information</b>		
Date:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
First Name:	Middle Name:	Last Name:
DOB: ___/___/_____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:
Street Address:	City:	State:
Zip Code:	Home Phone:	Cell Phone:
Work Phone:	Occupation:	
Years in service:	Brief summary of career:	
Have you ever been arrested, charged, or convicted of any offense or crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Applying for:

- Service Dog
  - Mobility Service Dog
  - PTSD Service Dog
- Facility Dog
- Therapy Dog
- Family Placement



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### **Disability Information (if applicable)**

Diagnosed disabilities. Please list all secondary physical and/or psychological diagnosis(es) as well as any limitations. Attach additional pages if necessary.

Please explain how your disability(ies) affects your daily life and current level of independence?

What skills and trained tasks do you need service dog to perform?

Does the disability require the use of any medical equipment such as a wheelchair, crutches, oxygen tank, etc?

What is your ultimate goal with the possible partnership of an assistance dog?

### **Facility Dog Information (if applicable)**

Please describe facility dog needs and trained tasks required of dog:

Please describe work environment:



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Extra Notes:

### Therapy Dog Information (if applicable)

Please describe therapy dog needs and trained tasks required of dog:

Please describe therapy work environment(s):

Extra Notes:

### Home and Lifestyle Information

Please list all members of family to include names and ages:

Has anyone in your home ever been arrested, charged, or convicted of any offense or crime?  Yes  No  
If yes, please explain:

Are all family members supportive of assistance dog?  Yes  No

Does anyone in the home suffer from dog related allergies?  Yes  No

Please describe your weekdays:



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Please describe your weekends:		Have you ever owned a dog before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what breed(s)?	Do you currently own a dog? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what breed(s) and how old?
Does dog(s) have any behaviors that could be challenging with the introduction of an assistance dog? If yes, please describe		Do you have other pets? If yes, what kinds and how many?
Have you attended dog training classes before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kinds? <input type="checkbox"/> Obedience <input type="checkbox"/> Agility <input type="checkbox"/> Show <input type="checkbox"/> Tracking/Search and Rescue <input type="checkbox"/> Service Dog training with another organization <input type="checkbox"/> Therapy dog <input type="checkbox"/> Other _____	
What kind of residence do you have? <input type="checkbox"/> House <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Condo <input type="checkbox"/> Other _____		
Do you rent or own? <input type="checkbox"/> Rent <input type="checkbox"/> Own	Do you have a yard? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the yard fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does residence have a pool? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is pool fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will school/work allow assistance dog? <input type="checkbox"/> Yes <input type="checkbox"/> No
Where do you attend work or school?	Can you think of situation you would not take dog?	Where will dog sleep at night?
How do you feel and/or react when people approach in public to initiate conversation or communication?		
How often do you go out in public each week?		
If you suffer from PTSD or anxiety, are there behaviors you exhibit when you become anxious? Ex. Leg bounce. <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:		



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<b>Dog Care</b>	
I understand that an assistance dog requires daily attention, training, and care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to exercise and toilet dog multiple times a day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to clean up after the dog after they toilet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to take dog to the veterinarian?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to groom dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your assistance dog be able to travel to work/school with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you assistance dog travel on vacations with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On average how many hours will assistance dog be alone? _____	
Please explain:	

<b>Agreement</b>	
<i>Please provide initials in box after you have read and understand the following statements.</i>	
I understand that if I am selected for an assistance dog, I will need to travel to 1st Responder Canine Service Dog Headquarters in Virginia for a minimum of two weeks of training.	Initial:
I understand that 1st Responder Canine Service Dogs training staff will select and match assistance dog according to personality and dog skill level. I will not select assistance dog regardless of prior program involvement or specific preferences.	Initial:
I understand that I am to assume all financial responsibilities of assistance dog once placed. On average an assistance dog costs roughly \$2,500 a year. I am responsible and can afford these expenses for the next 12 years.	Initial:
I understand that I will be required to communicate with 1st Responder Canine Service Dogs through but is not limited to, online progress reports and checkups.	Initial:





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I understand that I will be required to recertify dogs Public Access Test and Working Evaluation every other year with 1st Responder Canine Service Dogs.	Initial:
If approved for a service dog from 1st Responder Canine Service Dogs, I understand that I am subject to criminal background check if requested and home visit by 1st Responder staff prior to service dog being placed in my care.	Initial:
I understand that applying for a service dog from 1st Responder Canine Service Dogs does not guarantee that I will be placed with service dog.	Initial:
The time to review applications depends greatly on how many other applications are submitted within the same time frame. I understand that it may take up to 6 weeks before staff contacts you to follow up.	Initial:
I understand that 1st Responder Canine Service Dogs holds to right to deny applicant for any reason, including but not limited to failure to meet the requirements for receiving a service dog.	Initial:
I agree to hold 1st Responder Canine Service Dogs and it's members free from any and all liability. I agree that myself, my family, guests, visitors and members of your household wave the rights and claims for damages and injuries, which may come from your connection and participation with 1st Responder Canine Service Dogs.	Initial:

I attest the above statements are true and factual to my best knowledge.  
 Yes  No

Signature:	Date:
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## 1st Responder Canine Service Dogs Medical History Form

*Form needs to be completed by medical provider. Please sign the release below before handing to physician.*

### Release (to be filled out by patient)

Please release requested medical information to 1st Responder Canine Service Dogs. This information will be viewed to help determine placement with an assistance dog.

Patient's Name:

Patient's Signature:

Dr's Name:

Date:

### Physician Information

Dr's Name:

Address:

Type of practice:

Phone number:

Email:

### Patient Information

Patient's primary disability?

What was the cause of disability?

At what age was (s)he disabled?

Is this disability progressive?

Are there any additional disabilities or challenges? If so, please describe:

Is the disability primarily  Physical  Psycho Emotional



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What is the patient's current treatment plan?

Current medications. If so, please list dosage and reason for medication.

### Patient Information Continued

Please check all that apply to patient

Motor impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Balance or gait impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of sensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Concentration impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Memory impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehension impairments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty managing stress	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anger and/or irritability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic pain	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
REM sleep disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

<b>Patient Equipment and Independence</b>
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Please check all equipment that apply to patient			
Manual wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Walker	<input type="checkbox"/> Yes <input type="checkbox"/> No
Power wheelchair	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crutches	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cane	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prosthesis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing aid	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other:

Please rank patient independence level

1-complete independence  
 2-modified independence  
 3-supervision  
 4-helper dependent

Eating	1 2 3 4	Grooming	1 2 3 4
Dressing upper body	1 2 3 4	Dressing lower body	1 2 3 4
Toileting	1 2 3 4	Stairs	1 2 3 4
Walking	1 2 3 4	Transferring (chair/wheelchair)	1 2 3 4
Picking up items	1 2 3 4	Getting up and down from ground	1 2 3 4

Other areas to be aware of:	Notes:
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**Recommendation**

Do you recommend an assistance dog for patient?  Yes  No

Notes:

Doctors Signature:

Date: