



Midnight Sun Service Dogs

PO Box 771394

Eagle River, AK 99577

907-250-7252

www.midnightsunservice dogs.com info@midnightsunservice dogs.org

Welcome to Midnight Sun Service Dogs. You are about to embark on a very private and intense journey. As you weigh the pros and cons of bringing a service dog into -your life or the life of a loved one, please consider the following: The first year of your life with a service dog will be very intense and labor intensive. The same amount of time, patience and attention will be required of you as though you had brought home a new born baby. Our service dogs are highly trained and many things go into making the very best match for you. However, you and you alone are the key to the success of the service dog once he/she arrives in your home. The dog will test your limits, your patience and may cause stress for you and/or your family. They will do odd things, not respond at times may take some time to bond with you and your family. Consistency, daily training, time commitments and patience will be required of you. Without these the "working team" will fail. If however, some hard work and an ability to laugh at the unexpected is a challenge you are up for, then our service dogs are truly miraculous. When you make the leap, and see it through, these service dogs can truly change your life and the lives of those around you!

Sincerely,

MSSD Staff

"Paying it forward, one paw at a time!"



Midnight Sun Service Dogs
Service Dog Candidate/Recipient Policy and Procedures
For Placement of Service Dog

All service dog candidates/recipients must complete a service dog application packet. This includes service dog application, doctor form, MSSD waiver, MSSD confidentiality form, and photo release. Completed application packets may be returned to MSSD either in person or via postal mail.

Upon receipt of packet all candidates will have an interview with a MSSD staff member. This will help determine the specific breed/type of dog to be placed with applicant/candidate

MSSD reserves the right to remove service dog from candidate/recipient if there is abuse or neglect of service dog or if service dog is being used for the sole purpose of family pet, hunting dog or if the service dog is being used in any means deemed illegal.

Candidates/recipients of service dogs may not at any time transfer ownership of, sell or trade service dog without written consent from entire board of **MSSD**. An exception may be made for the family of candidate/recipient to retain service dog upon death of candidate/recipient with written consent of MSSD board.

Please mail completed packets to:

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SERVICE DOG APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Work: _____ Cell: _____

Age: _____ DOB: _____ Social Security Number: _____

Emergency contact Name: _____ Phone: _____

Are you working with any of the following?

May we contact? Y / N

Physician: _____

Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Physical Therapist name: _____ Phone: _____

Occupational Therapist: _____ Phone: _____

Case Manager: _____ Phone: _____

Therapist: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Diagnosis:

What is your primary diagnosis?

Other medical issues? _____

Do you have allergies to animals? Y / N

How does your medical condition affect your daily living skills? What are your limitations?

Do you have restrictions, precautions as a result of your diagnosis? Y / N

What types of adaptive equipment do you require? (IE. Wheelchair, cane, walker)

Household information

Please describe your current living situation. (IE. House, apartments, townhouse, group home, shelter)

Do you have a fenced yard? Y / N

Are there any other pets in the home? Y / N If yes, please describe:

If yes, do your pets live inside? Y / N

Who lives in the home?

Name:

Age:

Relationship:

Service Dog Information

What type of service dog are you seeking and what do you expect the service dog to do for you?

Are you physically able to handle the dog? **Y/N** If not, who will handle the dog for you? Explain:

Can you feed the dog? Y / N

Will dog food be a stressor on your finances? Y / N

Can you groom the dog? Y / N If not, can you afford to have the dog groomed? Y / N

Can you have your dog checked regularly by the vet for immunizations, check ups, etc.? Y / N

What tasks would be beneficial to you to be more independent?

EMPLOYMENT:

Are you currently employed? *Y/N*

Employer: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

May we contact? Y / N

Basic job Duties:

Do you have a case with Division of Vocational Rehabilitation? Y / N

If yes, Counselor name: _____

Phone: _____

DVR Address: _____

Do you have a Job Coach? Y/ N

If yes, Name: _____ Phone: _____

Agency Name: _____

Address: _____

Do you receive any other social services? Y / N

Please Explain: _____

Have you ever been convicted of a violent crime against animals? Y/ N

Have you ever been convicted of a violent crime against a person? Y/ N

Is there anything else you would like us to know?

Please Mail all forms to: MIDNIGHT SUN SERVICE DOGS

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By signing this application you are stating that all of the above is true to the best of your knowledge. Midnight Sun Service Dogs reserves the right to deny service dogs to any applicant who does not meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of this agency.

Signature of applicant

date

Signature of parent or guardian if applicant is a minor

date



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Medical History Form

This form is to be filled out by your physician

Dr. _____ Date: _____

Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the placement of a service dog.

Applicant's Name (please print) _____

Applicant's Signature: _____

Doctor's Name: _____ Phone: _____

Name of Practice: _____

Address: _____ City: _____ State: _____ Zip: _____

Patient Information:

What is the patient's primary disability? _____

Is there a secondary disability? Y/N _____

Is this disability progressive? Y N Is there a disability due to or affected by alcoholism or drug abuse? Y N

What are the effects of the patient's disability? circle all that apply)

Deafness Speech Impairment Reduced Stamina Hearing Loss Memory Loss
Coordination Problems Limited Mobility Spasticity Slowed Development
Vision Impairment Muscular Weakness Other: _____

Does patient have any problems with: (circle all that apply)

Allergies Chronic Pain Heightened Emotions Depression Seizures
Skin Sensitivity Balance Heat/Cold Sensitivity Brittle Bones
Other: _____

Does patient use an aid or assistive device? Y N (circle all that apply)

Prosthesis Leg Brace Wheelchair Electric/Manual Wrist Brace Hearing Aid
Crutch/Cane Walker

Does patient have any of the following psychological conditions or disorders? Y N
(circle all that apply)

Agoraphobia Anxiety Bipolar Chronic or Clinical Depression
Dissociative Tendencies Obsessive Compulsive Disorder Schizophrenia
Panic Disorder Post Traumatic Stress Disorder Social Phobia
Other: _____

Does patient have frequent or persistent problems with any of the following? Y N
(circle all that apply)

Anger Apathy Crying Disorientation Fearfulness
Insomnia/Difficulty Sleeping Moodiness Nervousness Nightmares Panic
Restlessness Sadness Social Withdrawal Other: _____

Does patient: (circle all that apply)

Drive Ride Bus Fly Driven by Others Travel Distances on Foot/Wheels
Other: _____

Current number of hours of attendant care per week: _____

ADL: Activities of Daily Living Is this patient:(circle Y/yes N/no M/minimally)

1. Able to exercise judgment and make decisions necessary for ADL? Y N M
2. Able to sustain attention span? Y N M
3. Manifesting inappropriate behavior beyond his/her control? Y N M
4. Able to control physical and motor movement sufficient to sustain ADL? Y N M
5. Capable of perception and memory to the degree necessary to sustain ADL? Y N M
6. Able to follow directions and learn to the degree necessary to sustain ADL? Y N M
7. Under medication which impairs physical or mental functioning? Y N M
8. Capable of decisions concerning self and others needs and safety? Y N M

Can you recommend this individual for a service dog? Y N

Comments: _____

Physician Signature: _____ Date: _____



MIDNIGHT SUN SERVICE DOGS CONFIDENTIALITY AGREEMENT

I, _____, understand volunteering, employment, board member, client or other position with Midnight Sun Service Dogs, I shall, neither during nor after the period of employment/engagement with Midnight Sun Service Dogs, except in the proper course of my duties or as permitted by Midnight Sun Service Dogs or as required by law, divulge to any person any confidential information concerning:

- client personal, health, and financial information.
- business of financial arrangements or position of Midnight Sun Service Dogs or any related company.
- Any of the dealings, transactions or affairs of Midnight Sun Service Dogs or related company.

The contractual arrangement between Midnight Sun Service Dogs and its employees/volunteers is founded on trust. I undertake not to knowingly access any confidential information about the business of Midnight Sun Service Dogs, clients or client medical information, unless such information is essential for me to properly and efficiently perform my duties. I am aware that these conditions extend to unnecessary discussion of confidential information within Midnight Sun Service Dogs. I understand that any breach of this trust will render me liable to disciplinary action, termination and/or civil proceedings. I further undertake to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties. This restriction ceases to apply to any information or knowledge, which subsequently comes into the public domain by way of authorized disclosure. All confidential records, documents and other papers together with any copies or extracts thereof in my possession will be returned to Midnight Sun Service Dogs on the termination of my employment/volunteer term.

Signature

Date

Witness Signature/Position with Midnight Sun Service Dogs

Date



MIDNIGHT SUN SERVICE DOGS
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND INDEMNITY AGREEMENT

In consideration of participating in Service Dog Training, Therapeutic Service Dog Training, Service Dog Home Visits, and other support services, volunteer programs, fundraising events and all other Midnight Sun Service Dogs event, I represent that I understand the nature of this activity and I am willing and qualified to agree to participate in such activity. I acknowledge there are certain risks involved and I will immediately discontinue participating in the activity if I feel unsafe in any way.

I fully understand that this activity could involve risk of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the activity, the conditions in which the activity takes place, or the negligence of the "releases" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Midnight Sun Service Dogs, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releases" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence or the "releases" or otherwise, including negligent rescue operations, and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement and assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Date of birth Date

Signature of participant

Phone number

PARENTAL CONSENT

And I, the minor's parent and or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releases from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above Releases, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releases from any litigation expenses, attorney fees, loss liability, damage, or cost any Release may incur as the result of any such claim.

Printed name of parent/guardian

Signature of parent/guardian

Date



Midnight Sun Service Dogs Photo Release

I, _____, **DO / DO NOT** (please circle one) hereby grant permission to Midnight Sun Service Dogs, its agents, volunteers and employees, to use - photographs or images taken of me from this date forth, for publication in Midnight Sun Service Dogs brochures, promotionals, newsletters, and magazines and to use the photographs on display boards, websites, social media websites and to offer them for publications to other non-Midnight Sun Service Dogs newspapers, magazines and websites, without notifying me.

I further agree that Midnight Sun Service Dogs may license others to use the photographs or any excerpts, and my first name and likeness used in or identifying the photographs, and in any related or derivative versions of the photographs, and in the advertising, marketing and promotion of the photographs or Midnight Sun Service Dogs in all media throughout the universe.

I agree to waive and release any and **all** claims against Midnight Sun Service Dogs, its contractors, volunteers, and board members, licensees relating to my name, my likeness, the photographs and their uses and /or distributions, misappropriation, libel, false light, rights of privacy and/or publicity.

By signing below I am stating that I have read the above release and accept these terms as set forth by Midnight Sun Service Dogs. I agree that this release is valid for **all** photographs taken at **all** Midnight Sun Service Dogs events, fundraisers, service dog training groups and individual training sessions. I also agree that this release is good for all photographs taken on any and all dates from this date below forward.

Print Name

Date

Signature

Date

Printed Name of Guardian if subject is under 18 years of age

Relationship

Signature of Guardian

Date