

Gateway To Canine Partnerships
40 north 800 west 84116
Client Dog Description

Owning a dog is not a prerequisite –

If you don't already have a dog, **Gateway To Canine Partnerships** will assist you in finding an appropriate dog. **If you already have a dog you would like to take through the program, please fill out the following section.**

Your Name _____

Dog's Name _____

Breed/Size/Description: _____

Tattoo/Microchip/License # (s) _____

Date Neutered/Spayed _____ **Required!**

Date of Birth _____ Sex _____ Color (s) _____

Veterinarian Name _____ Phone# _____

Address _____

Latest date for the following vaccinations: **Required that shots be up to date!**

DHLPP _____ Rabies _____ Corona virus _____

Bordetella _____ Other _____

Health History _____

Previous Training _____

When your dog misbehaves, what does it do? _____

When your dog misbehaves, what do you do?

What are the good things about your dog?

What would you like your dog to do/learn?

Gateway To Canine Partnerships
40 north 800 west 84116
Veterinarian's Form

Gateway To Canine Partnerships is a non-profit organization, which teaches people with physical disabilities, not including sight, to train their own service dogs. Our clients include, but are not limited to, people with hearing disabilities, seizure disorders, Juvenile Rheumatoid Arthritis, Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Lupus, Arthritis, and other bone, joint, and muscular deficiencies. We also have many clients who suffer permanent disabilities from accidents. We are not equipped to train dogs for clients with sight impairments. We understand and adjust to the varying degrees of physical stamina present in our clients. We give each client the time and attention needed to help achieve success at his or her own pace. We are not qualified to train people whose disability seriously affects memory, retention, concentration or understanding.

We would appreciate your answers to these questions regarding _____ who has applied to become a Gateway To Canine Partnerships client and would like to utilize their existing dog in the program.

Client's Name _____

Signature for Release of Information _____ Date _____

Client Address _____ Phone _____

Client E-Mail Address _____ Dog's name _____

Information needed:

How long have you been seeing this dog? _____

Last visit with dog? _____

What is the dog's general health? _____

Have you treated this dog for any chronic problems? Yes No

If YES, please specify:

Dog's age _____ Dog is neutered/spayed? Yes No

Are the dog's shots current? Please give dates.

DHLP _____ Corona _____ Rabies _____

Bordetella _____ Other _____

Have the dog's hips been x-rayed? Yes No Date _____

What were the results of the x-ray?

Have the dog's eyes been examined for the following: Yes No Date _____

Pannus PRA

Cataracts Results:

Have you had any problems treating this dog?

Health

Allergies

Behavioral

Other

Explain if

yes _____

Any concerns about this dog being involved in a long-term training program to assist his/her owner?

Veterinarian Name

Signature

Date

Facility Name and Address

Facility Phone #
