



...it takes a gallant heart...

131 Red Fox Lane – Madison, MS 39110 – 601-853-6996

## APPLICATION FOR SERVICES

Each person accepted for training with a Gallant Hearts Guide Dog will receive the trained dog, equipment, travel, board (if applicable), and training, free of charge under a one hundred percent (100%) scholarship, made possible through donations.

Persons accepting a scholarship will be required, once a year, to allow Gallant Hearts Guide Dog Center staff to complete a Guide Dog Performance Review and a medical form will be sent to the dog's veterinarian for completion, providing valuable information about the dog's health.

When a previously trained student requires a new guide dog, they will complete an application and medical form and will be matched with a dog as soon as possible. Those applying for retraining will receive priority, if their application is approved by the Admissions Committee; thus, eliminating a lengthy waiting period.

### Application Requirements

- A completed Gallant Hearts Guide Dog Center application.
- A completed Gallant Hearts Guide Dog Center Pre-Approval Health Screening for Guide Dog Use form, (**to be completed by your attending physician**).
- A completed Gallant Hearts Guide Dog Center Ophthalmology Report, (**to be completed by ophthalmologist or optometrist, all information used must be within one (1) year of application date**).
- A ten (10) minute video of you walking, including negotiating up and down curbs and steps, walking down a sidewalk (to determine speed with which you are most comfortable). The video can be done with the applicant using a cane, a guide dog, or walking with a person. It is best if the video includes areas normally negotiated by the applicant and should show where the applicant lives.
- Undergo at least one (1) telephone interview with a Gallant Hearts Guide Dog Center representative or, if possible, an evaluation in your home area by said representative.

If the Applicant disagrees with (1) the decision of the Admissions Committee, (2) with the decisions of the trainer, (3) with the terms of the placement agreement, or any part of the application or placement process, the Applicant may ask for a review by the Admissions Committee. If the Applicant is dissatisfied with the decision of the Admissions Committee, the Applicant may appeal to the Executive Director. If dissatisfied with the decision of the Executive Director, the Applicant may appeal to the Board of Directors of Gallant Hearts Guide Dog Center. The grievance will be reviewed at the next meeting of the Admissions Committee and/or the Board of Directors.



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## APPLICATION QUESTIONNAIRE

In what format would you like to receive information/correspondence from Gallant Hearts?

\_\_\_\_\_ Print \_\_\_\_\_ Email

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

With Whom Do You Reside: \_\_\_\_\_

How many adults in the home? \_\_\_\_\_

How many children under the age of eighteen (18) in the home? \_\_\_\_\_

Any pets in the home? \_\_\_\_\_ Yes \_\_\_\_\_ No, if yes, please give age, breed and gender. \_\_\_\_\_

Have you served in the United States military? \_\_\_\_\_ Yes \_\_\_\_\_ No, if yes, what branch? \_\_\_\_\_

Have you ever worked a guide dog? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, on a separate sheet, list dog breed (s), date received, length of time you worked the dog, and what caused you to retire the dog. Begin with the most recent dog and work back to your first dog.

Has your last dog retired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, when do you plan to retire the dog? \_\_\_\_\_

What breed of dog do you prefer?

Doberman Pinscher  German Shepherd  Dog Golden Retriever

In order to help select the best dog for you, please find a treadmill, walk at your normal rate, and record your miles per hour. \_\_\_\_\_ mph

What caused your blindness (give eye condition if known)? \_\_\_\_\_

Can you read with magnification?  Yes  No

Can you see up and down curbs or steps?  Yes  No

Do you have allergies?  Yes  No

If yes, please explain. \_\_\_\_\_

Do you have other physical or mental limitations that would affect your mobility, walking, or handling a dog such as arthritis, stroke, heart disease, asthma, severe clinical depression?

Yes  No If yes, please explain. \_\_\_\_\_

Do you have problems maintaining good balance while walking including stepping up and down?  
 Yes  No

Do you have good strength in arms and hands:  Yes  No  Don't Know

Are you diabetic?  Yes  No

If you attend training at the Gallant Hearts Guide Dog Center, will you need any medical assistance on a daily basis?  Yes  No If yes, please explain. \_\_\_\_\_

\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Male \_\_\_\_\_ Female

Would your dog need any special training such as working on the right side, allowing one to use a support cane, etc.?  Yes  No

If yes, please explain. \_\_\_\_\_

Have you had any formal orientation and mobility training?  Yes  No

What is your primary daily travel? \_\_\_\_\_ City \_\_\_\_\_ Suburban \_\_\_\_\_ Rural/Country

Can you travel independently? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ In Familiar Settings

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_

Are you employed? \_\_\_\_\_ Yes, \_\_\_\_\_ No \_\_\_\_\_ Retired

If yes, what is your occupation? \_\_\_\_\_

Can you afford to care for a dog by providing food, normal veterinary care, heartworm preventative, and flea and tick control? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date: \_\_\_\_\_ Signature \_\_\_\_\_



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## *Pre-Approval Health Screening for Guide Dog Use*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_/\_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

	Normal	Abnormal Findings	Initials
Cardiopulmonary			
Pulses/Blood Pressure			
Heart			
Lungs			
Skin			
Abdominal			
Other			

Neck/Shoulders			
Elbows			
Wrists/Hands			
Back/Spine			
Hip/Pelvis			
Knees			
Ankles/Feet			
Other			

General Info	Yes	No	General Info	Yes	No
Have asthma?			Have diabetes?		
Have seizures?			Cough/wheeze?		
Use inhaler?			Allergies?		
Ever had concussion or head injury?			Ever had numbness or tingling in extremities?		
Vision problems?			Dizziness?		
Hearing problems?			Depression/stress/Chronic fatigue?		
Balance problems?			Currently taking any medications?		
Any other major medical problems?					

If you answered "yes" to any of the above, please explain/list.

\_\_\_\_\_

The purpose of this physical examination is to determine the ability of the above named individual to physically handle and control a guide dog. This patient has (check one) \_\_\_\_\_ been cleared, \_\_\_\_\_ not been cleared to walk a minimum of one quarter (1/4) of a mile with a dog, twice a day. Under normal walking conditions, this patient (check one) \_\_\_\_\_ can maintain, \_\_\_\_\_ cannot maintain proper balance, coordination and dexterity to walk with a dog. Please return to address shown above.

Name of Examining Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Gallant Heart Guide Dog Center

## Ophthalmology

### Report

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**This report is to be completed by either an Ophthalmologist or Optometrist and is essential to this patient receiving appropriate service.**

Date of Exam: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### Cause of Blindness

Age of Onset: \_\_\_\_\_

Hereditary: \_\_\_\_\_ Age Related: \_\_\_\_\_ Other: \_\_\_\_\_

Congenital: \_\_\_\_\_ Systemic Disease: \_\_\_\_\_

### Visual Acuity

*If the acuity can be measured, complete the section below using Snellen acuities, Snellen equivalent, or NLP, LP, HM, CF*

Visual Acuity	Near Vision		Distant Vision	
	Without Correction	With Best Correction	Without Correction	With Best Correction
Right Eye (OD)				
Left Eye (OS)				
Both (OU)				

### Peripheral Vision in Degrees

Right Eye (OD)	
Left Eye (OS)	
Both (OU)	

Prognosis: \_\_\_\_\_

In what ways does this eye condition effect mobility? \_\_\_\_\_

Clinic/Office Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dr. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Indicate  Ophthalmologist  Optometrist