

FED- #04-3749362

License- #3052166



Dog ID (Pending Approval)

Date of Entry:

_____/_____/_____

A Non-Profit Equal Opportunity Agency
Helping People Help Themselves
 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

P.O.Box 64093

or Call

520-465-3627

Tucson, AZ 85728

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 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 SERVICES? _____

WHAT DISABILITIES DO YOU HAVE?

DOCTOR'S NAME: _____,

PHONE: (_____) _____ - _____

ADDRESS: _____,

TOWN: _____, **STATE:** _____, **ZIP:** _____

SCHOOLING YOU HAVE COMPLETED:

NAME OF CLOSEST RELATIVE: _____,

HOW RELATED? : _____

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 YOU 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)



A Non-Profit Equal Opportunity Agency
Helping People Help Themselves

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 CANNOT 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: _____/_____/_____



A Non-Profit Equal Opportunity Agency

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

I, _____, grant Rainbow Service Dogs (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 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)/Access to Service permission to publish in print the likeness or image of myself in / on their Facebook page , their websites (www.rainbowservicedogs.com), (www.Access to service.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/Access to Service

I hereby release Rainbow Service Dogs, its employees, and any persons working for Rainbow Service Dogs 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 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 and can be used in future publications and products.

SIGN YOUR NAME: _____

DATE SIGNED: ____/____/____



A Non-Profit Equal Opportunity Agency
(520)465-3627
E-mail: RainbowSvcDogs@yahoo.com

TODAY'S DATE: ____/____/____

PROCEDURES & RELEASE OF LIABILITY AGREEMENT

Rainbow Service Dogs 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, may interfere with our decisions or services.

- Call (afternoon or evenings **UNTIL 6 PM** only) Rainbow Service Dogs 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 a 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 dogs 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 animals 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, will 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, they own, may qualify, but RSD has the right to make the final decisions regarding such rare occasions).
- I understand RSD can revoke my dogs identification and or service dog status If I do not complete requirements of the organization regarding behavior, and command training as well 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 or I upon such release, 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 a RSD Animal Evaluator when searching for the proper and potential service dog, But, 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 from.**
- Once an animal is selected/Accepted, I, _____, agree to abide by this and stewardship of the dog selected; agree to accept full and total responsibility of the dogs 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 member, 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.*** However, I also agree to follow-up training sessions every six months if deemed necessary from a 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.***
- 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 (RSD) Procedures and Release of Liability.

- I understand that while a member of the program or there after, I am, if an issue arises with another member or staff that I am expected to speak with the program director directly or write a written report to be submitted to Program Director. I understand that I am expected to respect the privacy of all members and/or staff and will not defame neither they or the program in any manner.
- I understand that I am responsible to pay for badges / ribbons for each testing my dog completes at the rate of \$10.00 each **if I choose to receive them for my dog.**
- **I understand that vests are ordered by staff must be completely paid for before it is ordered. I understand I will not receive the vest until graduation . (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, & CGCA (Community Canine Good Citizen) and have completed time requirements. They are also required Access to Service (A2S) assessments (Manners 1,2 & 3) and must pass the Public Access Test.) I also will be required to rent an IN-TRAINING Bandana for my dog to use until he/she obtains his/her vest at the fee of \$24.00 for a period OF ONE YEAR and that I must maintain the bandana in good condition and clean or pay a fee for replacement.**
- 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 the all required assessments (AKC and A2S) 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 6 months of age, I will be required to attend 8 weeks of puppy socialization class which is **an additional fee of \$200.00.**
- 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 at **an additional rate of \$200.00 (per 8 weeks session)**
- I understand that if during initial assessment, the dog demonstrates the desire to chase or eat snakes, the dog will be required to take a **6 week snake avoidance class at the rate of \$125.00.**
- I understand that training sessions (**which are with groups**) are an additional **ARE BASED ON A SLIDING SCALE WITH THE BASE RATE OF \$12.00 TO \$15.00** per session and that I will be required to attend at least 60 weeks at twice a week or 120 Service Dog training hours before completing program. **I UNDERSTAND THAT WITHOUT PROVIDING VERIFICATION OF INCOME REQUIRED THAT I MAY BE CHARGED THE HIGHER RATE FOR EACH SESSION. If I choose or request individual sessions, the fee is \$18.50-\$25.00 per session . 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 am also aware, that if RSD provides the dog for my service that if I do not complete the program I have the choice to pay a fee of 200.00 for adult dog or a 300.00 fee for puppy or relinquish the animal back to RSD. 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.

By signing below, I am in total agreement that I am signing this agreement under my own free will. I am relinquishing the custody of my promise to participate in all trainings and RSD suggestions and/or offers to give authorities or RSD custody of my animal or to relinquish such animal to a no-kill shelter if I am given the option. If RSD cannot take custody of the animal, I understand also that if I am unable to care for the animal, that 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)



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 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 protocols for our customized program called a Behavior Change Program before entering the program. If medical complications arise during the program, I will be referred back to my veterinarian to address these issues.

My goal is to:

I agree to participate in and complete all phases of the program—Stress Release (If deemed necessary-referred to Play Your Way/Access to Service), Behavior Modification and Skill's Applications.

I will attend bi-weekly sessions during all phases of the program (unless otherwise specified) and will notify Rainbow Service Dogs in advance when I am unable to attend giving **48 hour** notice unless I am physically ill thus I may 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 Stress Release Program, I promise to be home with my dog for the required three days actively participating in the program, taking notes, observing my dog, learning about my dog, and taking photos and videos for use by the Rainbow Service Dogs training staff.

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 also can exit at any time it is deemed there is no commitment or compliance to the behavior modification process, 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. We are a team and so that means not going back into old habits for myself and keeping my dog's alternative behaviors consistent, clear and in use.

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 for assistance. I realize that regular communication via email, phone, Skype, 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 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 my behavior modification work with my dog effective and safe:

- Veterinarian visit and screening before entering the program
- Routine visits with the program behavior consultant and trainer
- Weekly sessions that include information on behavior modification, stress release, and exercise, nutrition as needed
- Every three sessions 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 behavior analyst/consultant/trainer
- 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 systematic behavior modification process as designed under the conditions described.

Executed on this _____ day of _____, 20__

‘Client”

“Consultant”

Kelley Fecteau (Program Director)

(signature)

(email)

(email)



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 the games and exercises of the Canine Mentor Alliance 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 never used. 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 all consistently work to continue our education. All staff are certified and where they are not, they work under the supervision of a certified trainer while they are pursuing certification.

We educate humans to employ patience and to seek to understand 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 \$12.00 to \$15.00 a session. Private instruction is \$18.50 to \$25.00 per hour (BASED ON INCOME) In home instruction is \$30.00 per SESSION. Puppy classes, Scent classes and snake avoidance are all based on rates of Access to Service. Failure of payment will result in discontinuation of services.

The successes of training strongly depends 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, Not doing so will prevent your dog from learning required items within the time allotted. An hour and half 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 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 Association of Pet Dog Trainers (APDT), 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 DOES guarantee you will receive:

Stellar customer service

Trained, expert staff who is committed to ongoing continuing education

Commitment to 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 them 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, its 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 supposed 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 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 expressly understand this to mean that I am relinquishing and releasing my right to sue others in either negligence or for strict liability based on either another person's act or the actions of their 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:
ZIP:	E-MAIL:
PHONE:	DOG NAME:
DOG BREED:	AGE OF DOG:

OWNER: _____ DATE:_____/_____/_____

WITNESS: _____ DATE:_____/_____/_____

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

As part of your service dogs program, your dog will undergo a total of seven (8 if star puppy) different tests including 3 to 4 AKC tests as well as three levels of testing which tests the relationship of handler and dog at various levels as well as the **Public Access Test** before graduation.



ADDENDUM REGARDING LIABLE

Rainbow Service Dogs and our affiliate sister program Access to Service, LLC, 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, We encourage discussion with only the staff members. 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. 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/Access to Service, LLC reserves the right to take action pursuant to our contract. Anyone who participates in this sort of activity will be considered for termination, with possible forfeiture of membership 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.

Signature _____ Date _____

Witness _____ Date _____

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



A Non-Profit Equal Opportunity Agency
Helping People Help Themselves
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 (312.00-390.00) 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

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



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 Cashiers 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 ____/____

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 / Companion dog, to assist with _____, _____, _____. I am recommending that he/she be allowed to participate in the training and service dog program.

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, the Access to Service (A2S) Skills tests 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,