



**DSA Area Name:** Retention, Outreach, & Inclusive  
Student Services

**Effective Date:** 02/01/2022

**Procedure Number:** ROI-P.011.01

### Student Affairs Working Procedure on Facility Dogs

**Intent:** To establish operational procedures for the care and management of a CSUCI Facility Dog.

**Background:**

Thanks to a generous gift from the Dr. Richard Grossman Community Foundation of \$220,000 in March 2018 to the CSU Channel Islands (CSUCI) Foundation, students of CSUCI were able to benefit from two campus facility dogs. Doc was the first member of the *Campus Facility Dog and Veterans' Service Dog Program* arriving in October 2018 and Lonnie arrived in October 2019. Per the request of the donors, these dogs (as well as any subsequent dogs in the program) will always be named "Doc" and "Lonnie." The gift also supports five student veterans with post-traumatic stress to receive individual service dogs. Doc is named for renowned reconstructive and plastic surgeon Dr. Richard Grossman, who established the Grossman Burn Center in Sherman Oaks, who passed away in March 2014. Lonnie was named in honor of Mr. Lon Morton, a great community-leader and former board member of CSUCI Foundation and the Dr. Richard Grossman Community Foundation, who passed away in April 2017. Both Doc and Lonnie were raised and trained as part of an amazing partnership between New Life K9s and the California Men's Colony in San Luis Obispo, California. New Life K9s is an organization that trains service dogs for first responders and veterans with PTSD. As part of a rehabilitation program, inmates at California Men's Colony train the dogs and their involvement have shown to reduce repeat offenses and provides new meaning to the inmates.

Doc's and Lonnie's primary function at CSUCI is to emotionally support students, faculty, and staff. Doc and Lonnie are owned by and under the care of CSUCI, for the benefit of CSUCI. Therefore, the University is always responsible for the care, health, and well-being of the facility dogs at all times. To protect and maintain CSUCI's rights to properly care for our facility dog(s), the following behavior policy provides guidelines and criteria for the proper care and maintenance.

**Location:**

A facility dog will have an assigned owner and daytime home base on campus. Other arrangements or schedules may exist based on office rotation, class schedules, campus closures, etc. Student assistants in the designated areas may step in when professional staff is unavailable. See Appendix A for contact information.

**Accountability:** Area Heads/Associate Vice Presidents (AVPs) over the programs/services and handlers of the facility dogs. Facility dog handlers and the staff that support the program.

**Applicability:** All professional staff who manage and support the facility dogs and program.

**Definition(s):**

**Facility Dog** - A facility dog is a dog that, directed by qualified staff within a designated facility, utilizes its special skills and training in animal-assisted interventions to help providers achieve specific program goals. A facility dog is like a therapy dog, but unlike a therapy dog which may visit patients or residents at the facility accompanied by its handler for a few hours a week, a facility dog “works” full-time at the facility under the care and supervision of a staff member. In addition, facility dogs are specifically trained for their work, while therapy dogs may not have extended training.

Facility dogs will have generally had between 18 months and two years of specialized socialization and training in preparation for becoming service dogs. These dogs did not ultimately qualify to become service dogs, generally due to either a minor health issue or lack of confidence in a specific situation. For example, a dog might be fearful around traffic or on public transportation, or especially sensitive to loud sounds. Dogs selected to become facility dogs are highly motivated by contact with people, affectionate, gregarious, of moderate-to-low energy and drive, and calm and quiet indoors. The dogs are house trained, have good manners, extensive obedience training, and a large repertoire of specialized skills that can be used in a therapeutic setting.

**Attachment(s):**

- Appendix A - Contact Information
- Appendix B - New Life K9 Application
- Appendix C - Veterinary & Insurance Card
- Appendix D - Scheduling and Checkout Procedures
- Appendix E - Accident Report
- Appendix F - Retired Facility Dog Adoption Questionnaire

**Procedure:****Identifying a Handler**

The New Life K9 application process is used to determine the nighttime handlers. Please reference Appendix B.

1. Staff and faculty are invited to apply to be handlers.
2. After application review by New Life K9 staff, the successful applicant is sent seven social style forms (to be completed by people the applicant selects). They are instructed to complete these forms per the instructions and return them to the Assistant Director of Veterans Affairs Program. Once all the social styles forms are received, New Life K9 contacts each applicant to schedule an interview.
3. New Life K9 staff selects the handler based on the best fit for both the dog and the handler.
4. Once the match is determined, the new handler is invited to a one-week Assistance Dog Client Training course held at the New Life K9 San Luis Obispo, CA campus. This class culminates in a graduation ceremony where the facility dog is formally transferred from the puppy raiser, who cared for the dog, to the CI handler.

**Health Care & Wellness**

The facility dogs have regularly scheduled veterinary appointments to maintain optimum health.

1. Facility Dog medical insurance is paid monthly via a Procurement card by the Retention, Outreach, and Inclusive Student Services Budget Analyst or designee. Please reference Appendix C for the medical insurance card.
2. If a dog requires medical assistance, immediately alert the Veterinary Hospital on file. Please reference Appendix A or C. Handlers should use the Veterinary Hospital on file for routine

veterinary needs. If there is an emergency or other unexpected need arises, an exception can be made after consultation with the appropriate director.

3. The handler shall discuss the need for medical procedures with the appropriate director who will give approval for care.
4. Housing & Residential Education (HRE) and the Veteran Affairs Program (VAP) shall advise the appropriate AVP or administrator regarding the health of the dog following annual veterinary visits and any medical procedures, including unexpected, non-emergency procedures. Consultation with the veterinarian will determine if the dogs are healthy enough to continue their duties as CSUCI's facility dogs.

## **Public Appearances**

Daytime handlers oversee all scheduling of appearances.

1. All requests must be in writing and submitted to daytime handlers who determined scheduling for dogs.
2. Criteria include, but are not limited to:
  - a. Safe environment for the facility dogs
  - b. Purpose of appearance
  - c. Alignment of the request with CSUCI purposes and goals
  - d. Appropriate weather conditions (e.g., no extreme heat or cold)
  - e. Length of requested appearance
  - f. The number of attendees likely to be present
  - g. Time, and/or date, and/or location of the event
  - h. Presence of food
3. The Facility Dogs are required to wear their leash, vest, and collar at all appearances.
4. The trained handler<sup>1</sup> accompanying a Facility Dog to an appearance is required to bring sufficient supplies for the outing. These supplies include, but are not limited to:
  - a. Travel water bowl and a full bottle of water
  - b. Enough dog waste bags
  - c. Training treats
  - d. Emergency Response Binder (containing training certification, vaccination records, and CSUCI incident report forms)
5. If a dog has an appearance at or after 6 p.m. they are to eat before said appearance.
  - a. Treats are only to be given to a dog by trained handlers and caretakers.
  - b. Under no circumstances are they to be fed food intended for humans or table scraps.

## **Travel**

CSUCI shall ensure training for all employees responsible for transporting a Facility Dog in personal or State vehicles.

1. The Facility Dog must wear their safety harnesses and be buckled every time they are in a vehicle. They must always sit in the backseat of the vehicle, placed in the middle seat if available.
2. During longer travel, the handler is required to stop regularly so Facility Dog can have water and bathroom breaks.

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<sup>1</sup> Only trained handlers can supervise at appearances

3. When traveling overnight the handler is required to pack:
  - a. Food for the duration of the trip with extra, in case it is needed
  - b. Food and water bowls
  - c. Crate and crate pad
  - d. Chews and toys to stay occupied
  - e. The Dog's appearance bag (stocked).

### **Office Environment**

The staff at the front desk/reception at each dog's home base use best efforts to notify and communicate with Visitors about the Facility Dogs' presence.

1. Signage is placed at all entrances informing visitors Facility Dog's presence.
2. When a first-time visitor has an appointment, they are informed that a Facility Dog is present in the office.
3. The Facility Dog's "free-range" area is limited in the office/program area.
4. When the Facility Dog is "free" in these areas the door or gate to the office must be closed, restricting the Facility Dog to only these areas.
5. The Facility Dog is always required to be on a leash in all other areas of the campus.
6. The Staff will be educated on the Facility Dog's current training.
7. It is expected that the Facility Dog will behave and relax when they are at CSUCI.
8. Their exercise/play routine has been set in place to encourage this good behavior.
9. The Facility Dog is supplied with bones and chew toys to occupy them during their time in the office.
10. Discipline is in place if the Facility Dog act in a disobedient fashion in the office.

### **Scheduling and Check-out Procedures**

Students, staff, and faculty can walk the dogs while on campus. Please refer to Appendix D.

### **Incident Reporting**

#### **On-Campus Incidents**

1. Call CSUCI Police Department (CIPD) at (805) 473-8444. CIPD will assist with assessing the need for medical care and responding Police Officers will complete a report of the incident:
2. File an accident report. Please refer to Appendix E.
3. Take pictures of any injuries obtained in the incident.

#### **Off-Campus Incidents**

1. Call 911 if immediate medical attention is needed.
2. Collect information to facilitate the eventual filing of an accident report.
3. Take pictures of any injuries obtained during the incident.

### **Medical Emergencies**

1. In an emergency immediately call the Veterinary Hospital on file and then contact the appropriate director as soon as possible. Please refer to Appendix A and C.
2. If it is a non-emergency situation, contact the appropriate director.
3. In all situations with injury to a Facility Dog:

- a. Document the incident (when, where, how, why)
- b. Take pictures of any injuries
- c. Contact daytime handler
- d. Use insurance card to make pet insurance claims.

### **Contingency Plan for Care during Campus Closures**

Special circumstances include but are not limited to:

1. Wildfires and other natural disasters
2. Campus closures
3. Public health emergencies

In the event of a campus closure, the Facility Dog will remain in the care of their nighttime and weekend handlers.

During a public health emergency, the University, HRE, and VAP will follow guidelines provided by the Center for Disease Control (CDC) for the use of facility animals. [CDC Guidance for Handlers of Service and Facility Animals.](#)

### **Retirement/Death of Facility Dog**

Consultation with the veterinarian will determine when the Facility Dog is unable to perform their duties as a facility dog and will be retired.

Signs facility dog needs to retire:

1. Facility dog is not happy. Their tail does not wag, ears do not perk up, and does not seem to be excited about going out.
2. Facility dog is slowing down. Not able to keep pace. Cannot put in a full day and bounce back as good as new after a good night's sleep.
3. Facility dog's sleep needs have drastically increased.
4. Facility dog is showcasing health issues. Arthritis, cataracts, hearing problems, kidney issues, joint/back pain, weight gain, cancer, diabetes, or any of the other ailments of age are cause for retirement.
5. Facility dog is not as responsive. Starting to seem to ignore commands and not listen.

Retirement ceremony will be planned, and costs paid by CSUCI.

Adoption:

The first option of adoption will be given to their nighttime handler, followed by the daytime handler. If neither handler can adopt the dog, the University will maintain ownership and foster the dog until a permanent owner is identified.

1. Adoption by anyone other than one of the existing handlers will require completion of the Retired Facility Dog Adoption Questionnaire to assess the adopter and their compatibility with and ability to foster the dog. Please reference Appendix F.
  - a. The questionnaire will be reviewed by the Assistant Director of Veterans Affairs Program and recommendation made to the Director of Student Transition & Engagement Programs.
2. License, misc. documents, and medical records will be transferred to the new owner.
3. All costs associated with the care of the Facility Dog will be the responsibility of the adopter.
  - a. Supplies and other materials may be available from the previous handler.

In the event a facility dog dies:

1. Remembrance event will be held, and memorial plaque will be placed on campus.
2. The facility dog's cremated remains will be presented to the after-hours and/or daytime handler.  
If a handler does not want the remains, alternative arrangements will be made.
3. The costs of the cremation, remembrance, and plaque will be the responsibility of CSUCI.

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Author's name

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Author's signature

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Date

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Author's name

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Author's signature

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Date

**Approved:**

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DSA Area Head's name

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DSA Area Head's signature

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Date

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VPSA's name

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VPSA's signature

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Date

## **Appendix A: Contact Information**

### **HRE Facility Dog (Lonnie) Workplace Handler: Venessa Griffith**

Cell: 805-312-4298

Work: 805-437-3849

### **HRE Facility Dog (Lonnie) After-Hours Handler: Tanya Yancheson**

Cell: 805-610-3585

Work: 805-437-3342

### **VAP Facility Dog (Doc) Workplace Handler and Assistant Director for Veterans Affairs Program: Jay Derrico**

Cell: 805-312-0876

Work: 805-437-2745

### **VAP Facility Dog (Doc) After-Hours Handler: Jerry Garcia**

Cell: 805-402-8058

Work: 805-437-3264

### **Director for Student Transition & Engagement Programs: Doreen Hatcher**

Cell: 909-633-5410

Work: 805-437-3156

### **CSUCI Risk Management: Jeff Kim**

Work: 805-437-2674

Email: [risk@csuci.edu](mailto:risk@csuci.edu)

### **Camarillo Veterinary Hospital**

805-482-9865

## Appendix B: New Life K9 Application



Dear Prospective Client,

Thank you for your interest in being matched with one of our incredible service dogs! This packet includes the Assistance Dog Application, Medical History Form and Service Provider reference form. Please read the instructions carefully, we cannot process applications until we have received all of the required information. If you have any questions about the application process please email Jay Derrico at [jay.derrico@csuci.edu](mailto:jay.derrico@csuci.edu).

**A completed application includes the following:**

1. Your photo
2. The completed Assistance Dog Application form (below)
3. The Medical History form completed by your physician or primary care specialist (below)
4. A personal letter of reference from a friend, teacher, or someone other than a family member
5. A professional letter of reference from a therapist, social worker, teacher, or any other professional with whom you have contact
6. A one-page letter stating your reasons for wanting a service dog and how you feel the dog would benefit you

Send your completed application to Jay Derrico at [jay.derrico@csuci.edu](mailto:jay.derrico@csuci.edu)

**After a successful application review by our staff**, the next steps in the process begin as we send you seven social style forms (to be completed by people you select). You would then complete these forms per the instructions and return them to Jay Derrico. Once we receive all the social styles forms New Life K9 will contact you to schedule an interview.

**If you are selected for placement**, please understand that it may take more than two (2) years to match a client with a dog due to the high demand for assistance dogs and the necessity of matching each dog carefully to the personality and needs of each client.

**Once a potential match has been determined**, you will be invited to attend the two-week Assistance Dog Client Training course held at our San Luis Obispo, CA campus. This class will culminate in a graduation ceremony where your dog will be formally transferred from the puppy raiser, who has been caring for the dog, to you. While



attending this training, our Campus Rules will apply to you. Please note that New Life K9s is located on a “no smoking” campus.

Please review the Campus Rules online at: [WWW.newlifeK9s.org/campus-rules.html](http://WWW.newlifeK9s.org/campus-rules.html).

Once you graduate with your dog, you will be responsible for the ongoing costs of caring for your new partner including food, grooming and veterinary expenses.

# Assistance Dog Application

***Please note:** Application must be completed by the applicant or answered under the direction of the applicant. Questions in the application are only a source of information by which we can ensure that we are prepared to best meet the needs of our applicants.*

## General Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Birth Order (circle one) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> Other Gender: ☐ M ☐ F

Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Attending school at \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

What is your marital Status?

☐ Single    ☐ Married    ☐ Separated    ☐ Divorced  
☐ Other \_\_\_\_\_

What is your military status?    ☐ Veteran    ☐ Active Duty    ☐ Not Applicable

What branch of the military were you in if applicable? \_\_\_\_\_

With whom do you live? (check all that apply)

☐ Alone    ☐ With parents    ☐ With Spouse or significant other  
☐ With attendant    ☐ With roommates    ☐ Other \_\_\_\_\_

Where do you live? ☐ House    ☐ Apartment    ☐ Dorm    ☐ Other \_\_\_\_\_  
How long have you lived there? \_\_\_\_\_

Do you ☐ live with children or ☐ have children who visit regularly? Yes / No

How many children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

Your living situation has    ☐ A fenced yard    ☐ An enclosed area    ☐ Neither

Do you own any pets?    ☐ Yes    ☐ No    If yes, please identify types and number:

\_\_\_\_\_  
\_\_\_\_\_

Have you participated in an in-patient or out-patient mental health program?

☐ Yes    ☐ No    If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any criminal history, been on parole or probation, have any pending charges or charged with driving under the influence?    ☐ Yes    ☐ No    If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you accept that use of a service dog will publicly identify you as a person with a disability?  
☐ Yes ☐ No If no, please explain: \_\_\_\_\_

Are you able to travel to New Life K9s office for your interview?  
☐ Yes ☐ No If no, please explain: \_\_\_\_\_

**I acknowledge that New Life k9s does not provide financial assistance to clients.**  
☐ Yes ☐ No

What type of assistance dog are you looking for?

Have public access: ☐ Service ☐ Hearing ☐ Guide  
☐ Psychiatric Service ☐ Diabetic Alert

No public access: ☐ Facility ☐ Home helpmate ☐ Emotional support  
☐ Social / Facility

### **MEDICAL INFORMATION**

Primary Disability \_\_\_\_\_ Age at Diagnosis \_\_\_\_\_

Cause of Disability (if known) \_\_\_\_\_

Secondary Disability / Medical Conditions \_\_\_\_\_

How many hours of attendant care do you receive each week? \_\_\_\_\_

Please indicate any special instruction / consideration related to your disability / medical conditions (for example hyperreflexia management, seizure precautions, etc.)

Please list any medications, including medical marijuana, you are currently taking:

*Please check each of the following using these number descriptions: 0=non-applicable      1=mild      2=moderate      3=severe*

**MOTOR IMPAIRMENTS -**

☐ Weakness      ☐ Spasticity      ☐ Coordination      ☐ Other

**SENSORY IMPAIRMENTS -**

☐ Vision      ☐ Hearing      ☐ Loss of sensation

**COGNITIVE IMPAIRMENTS -**

☐ Attention      ☐ Memory      ☐ Problem solving      ☐ Judgment

**COMMUNICATION IMPAIRMENTS -**

☐ Comprehension      ☐ Expression

**PSYCHOLOGICAL / BEHAVIORAL DESCRIPTIONS -**

☐ Depression      ☐ Impaired Self-Esteem      ☐ Hopeless / Helplessness  
☐ Appetite Disturbance      ☐ Suicidal Ideation      ☐ Isolation  
☐ Lack of Empathy      ☐ Panic Attacks      ☐ Hyper-vigilance  
☐ Anxiety      ☐ Emotional Numbness / Detachment / restricted Affect  
☐ Sleep Disorder      ☐ Nightmares / Flashbacks / Intrusive Thoughts  
☐ Impulsivity      ☐ Exaggerated Startle Response  
☐ Irritability / Anger Control Issues  
☐ Substance Abuse: If applicable, please describe in more detail type & severity:

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**ADDITIONAL MEDICAL CONDITIONS -**

☐ Cardiovascular disease      ☐ Respiratory disease      ☐ Diabetes  
☐ Neurogenic bladder      ☐ Chronic pain      ☐ Seizure disorder  
☐ Neurogenic bowel      ☐ Other: \_\_\_\_\_

**ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)**

☐ Manual wheelchair      ☐ Power wheelchair/scooter      ☐ Walker  
☐ Cane      ☐ Crutches      ☐ Orthosis      ☐ Prosthesis      ☐ Hearing aid

**Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:**

**No helper**

- 7 Complete independence (timely, safely)
- 6 Modified independence (device)

**Helper-modified independence**

- 5 Supervision
- 4 Minimal assistance (you can perform 75% of activity)
- 3 Moderate assistance (you can perform 50% of activity)

**Helper-complete dependence**

- 2 Maximal assistance (you can perform 25% of activity)
- 1 Total assistance (you can perform 0% of activity)

**Self-Care**

- ☐ Eating      ☐ Grooming      ☐ Bathing      ☐ Dressing-upper body
- ☐ Dressing-lower body      ☐ Toileting

**Sphincter Control**

- ☐ Bladder management      ☐ Bowel management

**Transfers**

- ☐ Chair, wheelchair      ☐ Toilet      ☐ Tub, shower

**Locomotion**

- ☐ Walk & Wheelchair      ☐ Walk      ☐ Wheelchair      ☐ Stairs

**Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.**

**Do you have:**

- ☐ The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper veterinarian care for the dog?
- ☐ The capacity to meet the service dog's social and emotional needs throughout the dog's life?
- ☐ The ability, motivation and acceptance of the responsibility for using the dog appropriately?
- ☐ The financial means to pay for the cost of food, veterinarian care, flea treatment, supplies, other medicine as needed for a dog?

*The information on this application is correct to the best of my knowledge.*

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*Applicant Signature*

*Date*

If the applicant is a minor, or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Relationship \_\_\_\_\_

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*Parent or Guardian Signature*

*Date*



## Applicant Medical History Form

*This form is to be completed by your physician and sent by him/her directly back to New Life K9s.  
Please sign the release (in the box below) before giving the form to your physician.*

Dr. _____	
Please release the requested information regarding my condition to New Life K9s. This information will help determine my abilities in regard to the placement of an assistance dog.	
Applicant's Name (please print) _____	
Applicant's Signature _____	Date: _____

DOCTOR'S NAME \_\_\_\_\_  
Type of Practice \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_  
Email \_\_\_\_\_

☐ Yes, you may contact me for further information or clarification if needed.

### PATIENT INFORMATION:

What is this patient's primary disability? \_\_\_\_\_

What was the cause of the disability? \_\_\_\_\_

At what age was (s)he disabled? \_\_\_\_\_ Is this disability progressive? \_\_\_\_\_

Are there additional disabilities such as mild TBI? (If so, please identify)

\_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current number of hours of attendant care per week: \_\_\_\_\_

For Post-traumatic stress applicants: Is there an active mental health treatment plan?

☐ yes ☐ no

Would you recommend that a service dog be part of this patient's treatment plan?

☐ yes ☐ no



# Applicant Medical History Form

*Please check each of the following using these number descriptions: 0=non-applicable      1=mild      2=moderate      3=severe*

## **MOTOR IMPAIRMENTS -**

☐ Weakness      ☐ Spasticity      ☐ Coordination      ☐ Other

## **SENSORY IMPAIRMENTS -**

☐ Vision      ☐ Hearing      ☐ Loss of sensation

## **COGNITIVE IMPAIRMENTS -**

☐ Attention      ☐ Memory      ☐ Problem solving      ☐ Judgment

## **COMMUNICATION IMPAIRMENTS -**

☐ Comprehension      ☐ Expression

## **PSYCHOLOGICAL / BEHAVIORAL DESCRIPTIONS -**

☐ Depression      ☐ Impaired Self-Esteem      ☐ Hopeless / Helplessness  
☐ Appetite Disturbance      ☐ Suicidal Ideation      ☐ Isolation  
☐ Lack of Empathy      ☐ Panic Attacks      ☐ Hyper-vigilance  
☐ Anxiety      ☐ Emotional Numbness / Detachment / restricted Affect  
☐ Sleep Disorder      ☐ Nightmares / Flashbacks / Intrusive Thoughts  
☐ Impulsivity      ☐ Exaggerated Startle Response  
☐ Irritability / Anger Control Issues  
☐ Substance Abuse: If applicable, please describe in more detail type & severity:

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## **ADDITIONAL MEDICAL CONDITIONS -**

☐ Cardiovascular disease      ☐ Respiratory disease      ☐ Diabetes  
☐ Neurogenic bladder      ☐ Chronic pain      ☐ Seizure disorder  
☐ Neurogenic bowel      ☐ Other: \_\_\_\_\_

## **ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)**

☐ Manual wheelchair      ☐ Power wheelchair/scooter      ☐ Walker  
☐ Cane      ☐ Crutches      ☐ Orthosis      ☐ Prosthesis      ☐ Hearing aid

# Applicant Medical History Form

**Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:**

## **No helper**

- 7 Complete independence (timely, safely)
- 6 Modified independence (device)

## **Helper-modified independence**

- 5 Supervision
- 4 Minimal assistance (you can perform 75% of activity)
- 3 Moderate assistance (you can perform 50% of activity)

## **Helper-complete dependence**

- 2 Maximal assistance (you can perform 25% of activity)
- 1 Total assistance (you can perform 0% of activity)

## **Self-Care**

- ☐ Eating      ☐ Grooming      ☐ Bathing      ☐ Dressing-upper body
- ☐ Dressing-lower body      ☐ Toileting

## **Sphincter Control**

- ☐ Bladder management      ☐ Bowel management

## **Transfers**

- ☐ Chair, wheelchair      ☐ Toilet      ☐ Tub, shower

## **Locomotion**

- ☐ Walk & Wheelchair      ☐ Walk      ☐ Wheelchair      ☐ Stairs

**Service dogs can run into difficulties and create problems for the team if the patient does not use the dog appropriately and according to the law.**

**Would you expect that he/she:**

- ☐ The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper veterinarian care for the dog?
- ☐ The capacity to meet the service dog's social and emotional needs throughout the dog's life?
- ☐ The ability, motivation and acceptance of the responsibility for using the dog appropriately?
- ☐ The financial means to travel for an interview in San Luis Obispo, at a later date to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses, etc.) in San Luis Obispo, the purchase price of a dog and the annual cost (food, veterinarian care, flea treatment, supplies, other medicine as needed) for a dog?

**If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:**

- ☐ History of treatment resistance
- ☐ Consistent lack of insight regarding disability & related care needs
- ☐ Unstable home environment
- ☐ Unable to care for dog (either directly or with physical assistance of others)
- ☐ Potential for abuse of dog
- ☐ Potential for unsafe, unhealthy environment for dog

Please provide additional details if you checked any of the above items:

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**Can you recommend this individual for an assistance dog?** \_\_\_\_\_

**Do you have additional comments/concerns? if so, please explain:**

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\_\_\_\_\_  
*Physician's Signature*

\_\_\_\_\_  
*Date*



## Client Reference — Service provider

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**I hereby give my permission for the above-stated service provider to supply any information regarding my physical and/or psychosocial status to New Life K9s for the purpose of completing my application for an assistance (service) dog.**

\_\_\_\_\_  
Client Name (Please print clearly)

\_\_\_\_\_  
Client Signature

### Service Provider Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_



Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## Appendix C: Veterinary & Insurance Card

 <p><b>DOC   Policy #106288488</b> Labrador Retriever Male, 5 years old Policy Renews on 6/3/2021 <a href="#">DOWNLOAD INSURANCE CARD</a></p>	<p><b>BESTBENEFIT PLAN</b></p> <p>Unlimited Annual Coverage   <a href="#">Details</a> \$500 Deductible   <a href="#">Details</a> 90% Reimbursement</p> <p>Core Benefits:</p> <ul style="list-style-type: none"><li>✓ Accidents, Illnesses, Cancer, Hereditary Conditions, Surgeries ①</li><li>✓ Emergency Care</li><li>✓ Take-Home Prescriptions ②</li><li>✓ Accident &amp; Illness Exam Fees ③</li><li>✓ Rehabilitation, Acupuncture &amp; Chiropractic ④</li></ul> <p>For a full list of what's covered and what's not covered, <a href="#">download your pet's policy</a></p>
 <p><b>LONNIE   Policy #106288488</b> Labrador Retriever Male, 2 years old Policy Renews on 6/3/2021 <a href="#">DOWNLOAD INSURANCE CARD</a></p>	<p><b>BESTBENEFIT PLAN</b></p> <p>Unlimited Annual Coverage   <a href="#">Details</a> \$500 Deductible   <a href="#">Details</a> 90% Reimbursement</p> <p>Core Benefits:</p> <ul style="list-style-type: none"><li>✓ Accidents, Illnesses, Cancer, Hereditary Conditions, Surgeries ①</li><li>✓ Emergency Care</li><li>✓ Take-Home Prescriptions ②</li><li>✓ Accident &amp; Illness Exam Fees ③</li><li>✓ Rehabilitation, Acupuncture &amp; Chiropractic ④</li></ul> <p>For a full list of what's covered and what's not covered, <a href="#">download your pet's policy</a></p>

### Veterinary & Insurance Card

#### Camarillo Veterinary Hospital

[camvethosp@gmail.com](mailto:camvethosp@gmail.com)

258 Dawson Dr, Camarillo, CA 93012

(805) 482-9865

## **Appendix D: Scheduling and Check-Out Procedures**

### **HRE Facility Dog's Scheduling and Check-Out Procedures in HRE**

#### **Scheduling a walking time**

1. An HRE Facility Dog Certified Walker (LCW) can go to any of the village offices to schedule a time to walk the HRE Facility Dog.
2. The student assistant at the desk verifies the LCW's certification card and student ID.
3. The student assistant verifies in StarRez that it is the correct student and that there is a note about the student's LCW status.
4. The student assistant schedules a walking appointment for the LCW.
5. Opens the HRE Facility Dog Walk Calendar and checks for availability.
6. Shares which walk times are available with the LCW.
7. Books the LCW for a walking time and informs them from which office they will pick the HRE Facility Dog up (office location located at the top of the day).
8. Selects one of the existing time slots (9 a.m., 12 p.m. and 3 p.m.) and adds "BOOKED" to the walk time title. Example: "9 a.m. walk – BOOKED".

#### **Checking HRE Facility Dogs Out**

Important: Prior to beginning the checkout process, the Front Desk Staff must ensure that the Facility Dog's condition is satisfactory to go out.

1. Verify the student's identity by checking their ID, LCW card and StarRez
2. Verify that they either have an appointment or that there are openings in the "HRE Facility Dog's Walking Schedule" calendar (make sure to update the calendar before the HRE Facility Dog and the LCW leave – see above).
3. If they have an appointment or one is created, fill out the equipment check-out log and collect the student's ID. (Important: confirm the accuracy of the phone number by calling the LCW prior to them leaving the office).
4. Remind the LCW to call the emergency numbers on the back of their LCW card should anything happen, and they need assistance while walking the HRE Facility Dog.
5. Confirm that the HRE Facility Dog's harness and leash are put on correctly (clipped to the front of the vest), the leash is stocked with poop bags or if the LCW would like to use a pooper scooper. Log out the pooper scooper on the equipment log and give it to the LCW.
6. Provide the LCW with 5 treats.
7. When the HRE Facility Dog and the LCW return, log the HRE Facility Dog (and the pooper scooper, if used) back in on the equipment check-out log and return the LCW's student ID.
8. Ensure that the HRE Facility Dog's vest and leash are taken off and that his water bowl is full.

#### **Reservation via HRE Events calendar**

1. Housing residents can reserve a walk with the HRE Facility dog via any of the housing village offices.
2. Students must provide their ID and LCW card at time of booking.
3. Walks are scheduled for 9 a.m., 12 p.m. and 3 p.m. daily (times are subject to change).

### **VAP Facility Dog Scheduling and Check-Out Procedures in Veterans Affairs Program**

## Scheduling a Walking Time

1. Any student, staff, and faculty may schedule a time to walk the VAP Facility Dog by contacting the Veteran Resource Center (via phone or in-person).
2. To schedule a walk, the Veteran Resource Center front desk assistant:
  - a. Opens the Team VAP Facility Dog Schedule and check for availability.
  - b. Selects an available time. Walks are scheduled for 9 a.m., 1 p.m. and 4 p.m. daily (times are subject to change).
  - c. Books the walker for the selected date and time by adding their names, ID number and phone number to the selected time slot.

## Checking VAP Facility Dog Out

Important: Prior to beginning the checkout process, the Front Desk Staff must ensure that VAP Facility Dog's condition is satisfactory to go out. The Front Desk Staff:

1. Verifies that the person either has an appointment or that there is an opening in the Team VAP Facility Dog Schedule.
2. Collects the ID card and cell phone number of the walker and checks the phone number by calling it before the walker leaves with the VAP Facility Dog.
3. Makes sure that the VAP Facility Dog's harness and leash are put on correctly (clipped to the front of the vest).
4. Confirms that the leash is stocked with poop bags.
5. When the VAP Facility Dog and the walker return, ensures that the VAP Facility Dogs's vest and leash are taken off and that his water bowl is full.
6. Returns the walker's ID card.

## Appendix E: Accident Report

(<https://www.csuci.edu/rm/documents/accident-report-rev-2-2013.pdf>)



Student/Visitor/Vendor Accident Report

### ACCIDENT REPORT

Do Not Use For Motor Vehicle Accidents

☐ STUDENT ☐ VISITOR ☐ VENDOR

TO PROTECT THE STATE OF CALIFORNIA, THE UNIVERSITY AND ITS EMPLOYEES, the following information should be provided by the instructor, supervisor or other state employee having knowledge of an accident when a **student, visitor or vendor** is injured on state property or during a state sponsored activity and/or if **personal property** damage is incurred. All injuries, other than first aid, should be reported. Please report immediately if a death or serious injury occurs. If more space is needed, please provide attachments.

**Please sign and date the report in Section 4 below.**

**ORIGINAL: Risk Management**

**COPY: Your Dept. File**

Section 1 INJURED PARTY	Full Name of Injured Party: (Please Print First and Last Name)		Date and Hour of Accident:		
	Home Address: (Street, City, State, Zip)			Home Telephone:	
	Business Name of Injured Vendor:			Business Phone:	
	Location of Accident: (i.e. Campus Location, Class Number)			Cell/Alt. Telephone:	
	Nature of Injury: (specific body part and injury)			Where treated:	
	Description of Accident:				
	Assistance Rendered:			Does injured party have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 2 PROPERTY DAMAGE	Name of Property Owner: (Please Print First and Last Name)		Date and Hour of Loss:		
	Address: (Street, City, State)			Home Phone:	
	Nature and Extent of Damages:			Cell/Alt. Telephone:	
	Location of Property When Damaged:				
	How Property Damage Occurred:				
Section 3 WITNESSES	Name of Witnesses: (Please Print First and Last Name)		Address: (Street, City, State) or Phone		
	1.				
	2.				
Section 4 PERSON COMPLETING REPORT	3.				
	Name of Person Completing this Report: (Please Print First and Last Name)			Work Phone:	
	Title or Work Location:			Cell/Alt. Phone:	
	Signature:			Date of Report:	

*This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the State or its employees. Under no circumstances should information be given to anyone except law enforcement officers, State officials, or persons authorized by the State.*

Rev 2/2013



## Appendix F: Retired Facility Dog Adoption Questionnaire



### Facility Dog Adoption Questionnaire

Thank you for your interest in adopting \_\_\_\_\_. As a retired CSUCI Facility Dog, they can no longer perform their duties at the facility. They have been a wonderful member of our community and we hope they will find a new and loving home, during retirement, under your care.

Please complete the questionnaire so our staff can assess your interest in adoption and your compatibility with and ability to foster the retired facility dog.

1. Why do you want to adopt a retiring facility dog?

2. Have you ever owned or cared for an animal for long term in the past?
  - a. If so, what animal and for how long?

3. Do you currently have any pets in your household?
  - a. If so, do you think the pets will get along?

4. Is your home situation stable and suitable for a dog? Please explain.



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**STUDENT  
AFFAIRS**  
C H A N N E L  
I S L A N D S

5. What capacity do you have to bathe, toilet, groom, provide proper nutrition, exercise, and ensure veterinarian care?

6. What other household members can readily assume the care of the facility dog in your absence?

7. Do you have the financial means to care for a dog: to pay for the cost of food, veterinarian care, flea treatment, supplies, other medicine as needed for the dog?

a. What is your plan if the dog ends up needing continuous medical treatments?

8. How will you deal with any behavioral issues?

I, \_\_\_\_\_, acknowledge I would be adopting a retired CSUCI Facility Dog. I understand that I will be responsible for the care and well-being of the dog and will be taking on the financial responsibility that comes along with adopting an aging and/or sick dog.

\_\_\_\_\_  
Signature of Individual Interested in Adoption

\_\_\_\_\_  
Signature of Director of Student Transition & Engagement Programs (CSUCI)

After you complete the questionnaire and sign, please return the form via email to [jay.derrico@csuci.edu](mailto:jay.derrico@csuci.edu). If you are selected to adopt the retiring/retired facility dog, you will be contacted and the form will be routed to the Director of Student Transition & Engagement Programs for final signature.