



# Can Do Canines

9440 Science Center Drive, New Hope, MN 55428  
763-331-3000 | info@can-do-canines.org



## Assistance Dog Client Contract

This Assistance Dog Client Contract acknowledges that Can Do Canines is providing \_\_\_\_\_ (Assistance Dog Client and their parents, if applicable) with a course of instruction in the use of an Assistance Dog and has delivered into the Assistance Dog Client's possession the Assistance Dog described as follows:

Assistance Dog Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Microchip Type and No.: \_\_\_\_\_

Can Do Canines ID No.: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Birth Date: \_\_\_\_\_.

### It is agreed that:

1. Ownership of Equipment. The cape, vest, harness, backpack, leash and other supplied equipment or identification represent the licensing authorization for the Assistance Dog Client to use the Assistance Dog as an active Assistance Dog. This equipment remains the property of Can Do Canines and must be returned upon the death or retirement of the Assistance Dog at the sole discretion of Can Do Canines.
2. Terms and Conditions of the contract. The Assistance Dog Client will:
  - I. Concerning the training/placement period, the certification test and follow-up:
    - a. Be on time and not miss any training sessions conducted in your home or in public places and be on time and not miss any scheduled dog obedience classes.
    - b. Practice with your dog every day as instructed by the Trainer and complete the daily training record.
    - c. Feed, water, exercise and care for your dog as instructed by the Trainer.
    - d. Contact the Trainer and any interpreter 24 hours or more in advance if you need to cancel or change an appointment.
    - e. Successfully complete the course of instruction by passing the Can Do Canines Certification Test, which includes both the Can Do Canines Skills Test and the Assistance Dogs International Public Access test.
    - f. Attend the Can Do Canines graduation ceremony.
    - g. Send in monthly follow-up reports during the first six months after completion of the Certification Test and yearly thereafter.
  - II. At all times:
    - a. Never physically punish the Assistance Dog.
    - b. Never take the Assistance Dog outside without it being on a leash, unless the dog is in a fully fenced area.
    - c. Remain connected to the Assistance Dog at all times when in public.
    - d. Always clean up after the dog when it relieves itself in public.
    - e. Maintain the Assistance Dog in good physical condition, keeping it at a reasonable weight, providing reasonable and necessary veterinary care, and providing the Assistance Dog with an annual veterinary examination. The Assistance Dog Client will have his/her veterinarian complete the veterinary form and return it to Can Do Canines annually.
    - f. Not lend, give or sell the Assistance Dog to any other person. The Assistance Dog Client will not allow the Assistance Dog to be used as an Assistance Dog by any other person.
    - g. Not use the Assistance Dog in any manner that would put the health or safety of the Assistance Dog Client, the Assistance Dog, or the public, at risk.

h. Not use the Assistance Dog in any manner that would reflect poorly on the Assistance Dog Client, the Assistance Dog, or Can Do Canines.

i. Notify Can Do Canines immediately of any of the following:

- i. Any change in the Assistance Dog Client's address.
- ii. Any serious injury, serious illness, loss, straying, or death of the Assistance Dog.
- iii. Any incident resulting in the damage or injury to any person, animal, or property.
- iv. The need to retire the Assistance Dog.

4. **Ownership.** Can Do Canines shall retain title and ownership rights of the Assistance Dog named above, including the right to take possession of the Assistance Dog if, in the sole opinion of Can Do Canines, the Assistance Dog Client does not comply with the terms and conditions outlined here. The Assistance Dog Client may request ownership of the above-described Assistance Dog after a one-year transitional period following graduation. If the Assistance Dog Client has abided by the terms and conditions of this agreement and demonstrates the ability to continue to do so in the future, Can Do Canines, according to its sole judgment, may grant unconditional ownership of this Assistance Dog to the Assistance Dog Client.

5. **Retirement of the Assistance Dog.** If Can Do Canines elects to retire the Assistance Dog during the transitional first year, the puppy raiser has the first right to ownership. After the transitional first year, the Assistance Dog Client has the option of keeping the Assistance Dog, placing it with a close family member or friend, or returning it to Can Do Canines for placement. If there is a compelling reason for placement outside these guidelines, Can Do Canines, at its sole discretion, may reserve the right to make such a placement decision.

6. **Resolution of Disputes.** Can Do Canines employs a ***Conflict Resolution Policy and Procedure*** that is available by request from the Director of Operations of the Director of Training. The policy states that any issue will first be directed to the staff member responsible for that function. It is our desire that disputes be resolved at this level when possible.

If the issue is not resolved, the Assistance Dog Client may file a completed ***Statement of Issue*** form with the Supervisor that oversees that employee or that function, who will attempt to resolve the matter and will inform the Executive Director and the Board of Directors of the status if necessary.

In the event a dispute cannot be reconciled amongst the parties within ninety (90) days after the written Statement of Issue form was completed, the Assistance Dog Client shall have the option to compel the parties to participate in at least four (4) hours of mediation. If the Assistance Dog Client takes such option, the parties agree to participate in the mediation and acknowledge and agree that the costs of the mediation shall be equally shared. The mediation shall be administered by the offices of Conflict Resolution Center, 2101 Hennepin Ave #100, Minneapolis, MN 55405; 612-822-9883. This provision shall not preclude Can Do Canines from seeking court intervention to protect the safety or well-being of the Assistance Dog.

This Contract shall be interpreted to reflect that the intent of both parties is to provide for the safety and well-being of the Assistance Dog Client, the Assistance Dog, and the general public.

\_\_\_\_\_  
Assistance Dog Client – PRINT Name

\_\_\_\_\_  
Can Do Canines Representative --PRINT Name

\_\_\_\_\_  
Assistance Dog Client Signature

\_\_\_\_\_  
Can Do Canines Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years of age



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## Release of Liability

I, \_\_\_\_\_, understand that Can Do Canines trains and places assistance dogs and that I may be in contact with a dog or dogs as a client or while working, volunteering, training, or visiting at the Can Do Canines facility, events, or activities. I agree to follow all verbal and written guidelines and instructions concerning general and safety practices pertaining to the dogs given to me by Can Do Canines staff.

In consideration of the opportunity to participate in Can Do Canines activities, I hereby assume all risks of injury, illness, death, or other loss arising from or relating to my participation in Can Do Canines activities. I hereby release, agree not to sue, and forever discharge Can Do Canines and its affiliates of and from any liability, claims, causes of action, and claims for damages I have or might have against them arising out of or in connection with my participation in activities with and involving Can Do Canines.

This release shall be binding upon my heirs, administrators, executors, and assigns. I represent that I have read and understood this Release of Liability and acknowledge that this release is being relied on by Can Do Canines in permitting me to participate in Can Do Canines activities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years old

\_\_\_\_\_  
Affiliation (applicant, client, volunteer, etc.)





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## Photo and Video Acknowledgement

Throughout the training/certification process, a Can Do Canines staff member(s) will be taking various videos, along with some photos, on or before your final certification day.

After certification, someone on behalf of our Marketing and Communication Department will contact you to schedule a discussion to gather information about your journey to certification.

These assets are typically used in the following ways:

- The team photo is hung in a 5" x 7" frame on a wall in our facility.
- The team photo and skills videos are included in the graduation video.
- The team photo is sent to the volunteers who helped raise the dog.
- The team photo is printed in our Annual Report.
- The team photo is published on our website, with a feature story written about the individual team.
- The feature story is condensed into a one-minute script for the graduation video.

Upon certification, you will be presented with a questionnaire, allowing you to indicate your preferences for the use of these assets. However, **if you do have any reservations about showing your face in photos/videos, please inform your Client Services Coordinator right away**, so they can make accommodations when capturing these images.

I, \_\_\_\_\_, acknowledge that I am aware of this process and should make my Client Services Coordinator aware prior to certification of reservations I might have about showing my face in photos/videos taken during the certification process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years old

\_\_\_\_\_  
Affiliation (applicant, client, volunteer, etc.)





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## Dog Health Management Agreement

Assistance Dog's Name: \_\_\_\_\_ Assistant Dog's Weight: \_\_\_\_\_

Your dog may go up to this weight: \_\_\_\_\_ But not below this weight: \_\_\_\_\_

Your dog's current daily caloric intake is: \_\_\_\_\_

Your assistance dog's weight is very important to maintaining its health. Having an overweight assistance dog can cut down on their working time for you. It may also place extra stress on their joints and bones and could cause other unhealthy conditions.

If your dog is more than 10% over or 5% under the recommended weight range, you will be contacted by a member of our training staff to discuss how to get your assistance dog to a healthy weight again. This may include, but is not limited to, a consultation with your Client Services Coordinator, with the vet staff at Can Do Canines, and or with your veterinarian in communication with your Client Services Coordinator. If weight management progress is not shown within four (4) weeks of communication with your Client Services Coordinator, you will forfeit your assistance dog's cape, and therefore public access rights, for a period of four (4) weeks. If progress is not shown for another four (4) weeks, removal of the assistance dog may result.

You will schedule, at a minimum, yearly visits with your veterinarian. More frequent visits to be determined if there is a need, i.e. illness, injury or other concerns. Your dog is currently on year-round preventives for heartworm and flea/tick. It is imperative that you maintain the administration of these preventatives. The dog's vaccine schedule will be kept current. This schedule is to be determined by the dog's Can Do Canines medical records and be continued through your veterinarian clinic.

Failure to comply with these terms may result in the removal of the assistance dog if the above terms are not met within a determined amount of time. Please sign below to indicate that you understand how important it is to maintain your assistance dog's weight and health.

\_\_\_\_\_  
Assistance Dog Client Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Can Do Canines Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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## Veterinarian Acknowledgement

I support Can Do Canines' assessment that a healthy weight range for this dog is \_\_\_\_\_ to \_\_\_\_\_ pounds, and at today's visit this dog weighed \_\_\_\_\_ on our scale. The body condition score for this dog is \_\_\_\_\_ on a scale of 1-9.

\_\_\_\_\_  
Veterinarian Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Clinic Name

## Release of Information

I authorize my veterinarian to release records or other medical information regarding this dog to the staff of Can Do Canines.

\_\_\_\_\_  
Assistance Dog Client Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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## Assistance Dog Skills Contract

As a member of Assistance Dogs International, Can Do Canines, its Assistance Dogs, and approved clients must meet or exceed ADI's minimum standards for Assistance Dog programs. One standard is that the assistance dog must be trained to perform at least three (3) visibly identifiable tasks\* to mitigate the client's disability.

Per the interview of \_\_\_\_\_, which was conducted by a member of Can Do Canines' training staff, and post-acceptance communication between the previously-named client and Can Do Canines, the following tasks have been mutually agreed upon:

- |    |       |        |       |       |
|----|-------|--------|-------|-------|
| 1. | _____ | _____  | _____ | _____ |
| 2. | _____ | _____  | _____ | _____ |
| 3. | _____ | _____  | _____ | _____ |
| 4. | _____ | _____  | _____ | _____ |
| 5. | _____ | _____  | _____ | _____ |
|    |       | Client | CSC   | Date  |

Below are listed any amended skills that may have been added or modified during team training, after the dog moved into the client's home, and/or the dog organically does as a result of the client's disability:

- |    |       |        |       |       |
|----|-------|--------|-------|-------|
| 1. | _____ | _____  | _____ | _____ |
| 2. | _____ | _____  | _____ | _____ |
| 3. | _____ | _____  | _____ | _____ |
| 4. | _____ | _____  | _____ | _____ |
| 5. | _____ | _____  | _____ | _____ |
|    |       | Client | CSC   | Date  |

\_\_\_\_\_  
Assistance Dog Client

\_\_\_\_\_  
Can Do Canines Representative

\_\_\_\_\_  
Assistance Dog Client Signature

\_\_\_\_\_  
Can Do Canines Representative      Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years of age

\*From ADI Glossary of Terms:

**Task:** This is a trained behavior that the dog does on cue (or command) to mitigate its partner's disability. The cue can be verbal, a hand signal, something in the environment and/or some behavior exhibited by the partner or another person. Examples of a verbal cue could be "take it" and a hand signal could be pointing at an object to indicate to the dog to retrieve it. A cue in the environment might be a strap on a door, a car in the road or an alarm clock ringing. The behavior of a person could be falling to the ground, hand shaking, or emitting odor of low blood sugar.





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## Assistance Dog Equipment Contract

The equipment utilized by a Client and their Assistance Dog is personalized to the needs of the Client and the requirements of the Assistance Dog.

Per the interview and evaluation of \_\_\_\_\_, and their Assistance Dog partner \_\_\_\_\_, the following equipment has been mutually agreed upon and is to be used with this team:

- |    |       |        |       |       |
|----|-------|--------|-------|-------|
| 1. | _____ | _____  | _____ | _____ |
| 2. | _____ | _____  | _____ | _____ |
| 3. | _____ | _____  | _____ | _____ |
| 4. | _____ | _____  | _____ | _____ |
| 5. | _____ | _____  | _____ | _____ |
|    |       | Client | CSC   | Date  |

Below are listed any amended equipment items that may have been added or modified during team training, after the dog moved into the client's home, and/or as the client's and/or dog's needs have changed as a result of the client's disability:

- |    |       |        |       |       |
|----|-------|--------|-------|-------|
| 1. | _____ | _____  | _____ | _____ |
| 2. | _____ | _____  | _____ | _____ |
| 3. | _____ | _____  | _____ | _____ |
| 4. | _____ | _____  | _____ | _____ |
| 5. | _____ | _____  | _____ | _____ |
|    |       | Client | CSC   | Date  |

\_\_\_\_\_  
Assistance Dog Client

\_\_\_\_\_  
Can Do Canines Representative

\_\_\_\_\_  
Assistance Dog Client Signature

\_\_\_\_\_  
Can Do Canines Representative Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
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## Standards for Assistance Dog Partners

As stated by Assistance Dogs International and adopted by all member agencies.

The assistance dog user will agree to the following:

1. Treat the dog with appreciation and respect.
2. Practice obedience regularly.
3. Practice the dog's skills regularly.
4. Maintain the dog's proper behavior in public and at home.
5. Carry proper identification and be aware of all applicable laws pertaining to assistance dogs.
6. Keep the dog well-groomed and well cared for.
7. Practice preventative health care for the dog.
8. Obtain annual health checks and vaccinations for the dog.
9. Abide by all leash and license laws.
10. Follow the training program's requirements for progress reports and medical evaluations.
11. Arrange for the prompt clean-up of dog's waste.
12. Educate their support system to the proper disposition of the dog upon emergency illness or death.

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Signature

---

Printed Name

---

Date

---

Parent/Guardian Signature if under 18 years of age





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As a member of Assistance Dogs International, Can Do Canines is required to complete a re-accreditation process with the organization. Part of this process involves in-person or phone interviews with graduates of the program. If you are willing to speak with the assessor during our next re-accreditation, please sign the form below and return to Can Do Canines. This interview will be subject to your availability. This is not a guarantee you will be interviewed, but a written permission for us to contact you at that point in time.

Thank you,

Julianne Larsen  
Director of Training

I, \_\_\_\_\_, am willing to speak to the Assistance Dogs International assessor in person or by phone during the re-accreditation process for Can Do Canines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if under 18 years of age

Or

\_\_\_\_\_ I am NOT willing to speak to the Assistance Dogs International assessor in person or by phone during the re-accreditation process for Can Do Canines.







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## Emergency Action Form for my Assistance Dog

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

My Medical Condition(s): \_\_\_\_\_

Emergency Contacts (to care for **me** in the event of an emergency):

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

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

My Assistance Dog's Name: \_\_\_\_\_

Emergency Contacts (to care for **my dog** in the event of an emergency):

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

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

In the event of my untimely death or permanent incapacitation, it is my hope that  
\_\_\_\_\_ can retire and become the pet of \_\_\_\_\_.

Here are the basics you need to know in regards to caring for \_\_\_\_\_ if I am sick,  
injured, incapacitated, or in the case of my untimely passing:

- \_\_\_\_\_ eats \_\_\_\_\_ dog food;  
\_\_\_\_\_ cup in the morning, \_\_\_\_\_ cup in the evening, and 1/2 cup as treats throughout the day.
- Toileting habits: \_\_\_\_\_ goes "busy," on average, 5-7 times a day.
- \_\_\_\_\_'s book of care information, including medical records, is located in the kitchen drawer labeled "\_\_\_\_\_." More details regarding the dog's care can be found there.
- If you are caring for \_\_\_\_\_ on my behalf, please remember to call Can Do Canines at 763-331-3000 and update them regarding the situation.

Examples of more details that can be found in the dog's book of care information:

- Basic Daily Schedule, especially sleep, eat, “busy”; be detailed! Your dog and his/her caregiver(s) will appreciate it and it will reduce stress for everyone.
- \_\_\_\_\_ has daily exercise needs; thank you for helping to take care of him/her by walking per the schedule (or at your schedule's convenience) and playing with \_\_\_\_\_ using the forever-favored [name that favorite toy].
- Please note: as perfect as \_\_\_\_\_ is, they have quirks as well. \_\_\_\_\_ should not play with \_\_\_\_\_ or be left unattended with any toys, the exceptions being Kong/Nylabone.
- Please do not give \_\_\_\_\_ extra treats! Their fitness and weight are incredibly important and they need to be ready to assist me when I am ready.
- Regarding use of the kennel: Please use it! It is \_\_\_\_\_'s room at home and away from home.
  - When left alone for any reason, \_\_\_\_\_ sleeps in the kennel (naked!) – remove collar and any other clothing they might be wearing. \_\_\_\_\_ can have a Nylabone or Kong in the kennel during the day/while you are gone. It is absolutely a good idea to use the kennel like a baby sitter when you are home and cannot be supervising \_\_\_\_\_ or if they need to take a break.
- When/if you transport \_\_\_\_\_, please make sure he/she is secured and cannot accidentally escape the vehicle when you arrive at your destination.

Client's Name:

Dog's Name:

Trainer:

Year:

## Assistance Dog Team Training Topics

All topics **must** be covered before placement

**Discussion Dates**

Client initials – check topics

### Training

- |       |   |                          |
|-------|---|--------------------------|
| _____ | Balancing praise and corrections                          | <input type="checkbox"/> |
| _____ | Boundaries and discipline                                 | <input type="checkbox"/> |
| _____ | Timing  | <input type="checkbox"/> |
| _____ | Stress management   | <input type="checkbox"/> |
| _____ | Command usage   | <input type="checkbox"/> |
| _____ | Rewards   | <input type="checkbox"/> |
| _____ | Other family members                                      | <input type="checkbox"/> |
| _____ | Can Do Canines' role in follow-up training and assistance | <input type="checkbox"/> |

### Health and Welfare

- |       |                                   |                          |
|-------|-----------------------------------|--------------------------|
| _____ | Weight management                 | <input type="checkbox"/> |
| _____ | Emergency veterinarian procedures | <input type="checkbox"/> |
| _____ | Canine care                       | <input type="checkbox"/> |
| _____ | Grooming                          | <input type="checkbox"/> |
| _____ | Exercise                          | <input type="checkbox"/> |
| _____ | Dog Parks                         | <input type="checkbox"/> |
| _____ | Retirement                        | <input type="checkbox"/> |

### Assistance Dog Information

- |       |             |                          |
|-------|-------------|--------------------------|
| _____ | Access laws | <input type="checkbox"/> |
| _____ | Cape ethics | <input type="checkbox"/> |
| _____ | Equipment   | <input type="checkbox"/> |

### Guidelines for Public Settings

- |       |                       |                          |
|-------|-----------------------|--------------------------|
| _____ | Stairs                | <input type="checkbox"/> |
| _____ | Elevators             | <input type="checkbox"/> |
| _____ | Restroom etiquette    | <input type="checkbox"/> |
| _____ | Food on the floor     | <input type="checkbox"/> |
| _____ | Doors                 | <input type="checkbox"/> |
| _____ | Other assistance dogs | <input type="checkbox"/> |
| _____ | Accidents             | <input type="checkbox"/> |
| _____ | Car transportation    | <input type="checkbox"/> |





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## Emergency Procedures

Clients will be briefed on fire safety and evacuation procedures at the beginning of any training at our facility.

Persons with disabilities must study and remember the features of each building they are in including stairways, exits, and phone locations. At certain times, assistance from others may be needed. It is the responsibility of Can Do Canines staff and volunteers to make sure all people with disabilities are out of the building in case of a fire or fire drill.

In the event of a life-threatening emergency, such as fire, smoke, or building damage, all people must be immediately evacuated from the building to the outdoor gathering point (outside near the loading dock and drive-in entrance to the warehouse)

In the event of a natural disaster such as a severe thunderstorm or tornado, weather conditions should be closely monitored. A tornado watch is when conditions are favorable for tornadoes. You may continue normal activities but someone should monitor the situation. A tornado warning is when a tornado is occurring in the area. Seek shelter immediately. If you are inside a building, go to an interior hallway or other enclosed areas on a lower floor and away from windows. Avoid large rooms. If a tornado is sighted or heard in the area, people and dogs are to go to the safest location, the hallway directly outside the restrooms and inside the women's restroom, until the threatening weather has passed.