

Annual Client Questionnaire

Answer the following questions as they relate to you, your child (for autism dogs), or your population (for facility dogs).

1. Handler First and Last Name
2. Recipient's First and Last Name, if different from handler
3. Name and relationship to handler of the person completing this form, if different from handler
4. Dog's Name
5. Email Address
6. Physical Address, if changed since last annual questionnaire
 - a. Street Address
 - b. City
 - c. State
 - d. Zip
 - e. Country
7. Phone Number
8. Service Dog Equipment: Please list the type of COLLAR and LEASH your dog is using and describe any OTHER equipment used
9. Is your dog still in active service? If yes, please list the three service dog behaviors performed by your dog. If no, please explain why your dog is not in active service.
10. What kind of food is your dog currently eating?
11. What does your dog do when they see food on the ground in public or when you or someone else is eating?
12. Please describe a typical day for you with your dog.
13. Please describe a typical week for you with your dog.
14. What are 3-5 of the most common places your dog works?
15. List the Assistive Tasks that your dog does to mitigate the symptoms of your disability in public (for facility dogs, in your facility).
16. For Service Dogs Only: List the Assistive Tasks that your dog does for you at home.
17. Have there been any significant changes in your lifestyle or home environment in the past year? If yes, please describe.
18. How do you feel your dog's Assistive Tasks are mitigating the symptoms of your disability and/or increasing independence?
19. Is there something you would like your dog to do for you that it doesn't currently do or any changes in your symptoms or needs that we should be aware of? Yes/No. If yes, please describe.
20. If you work, have there been any changes in your employer, role at work, or work environment in the past year? Yes/No. If yes, please describe.
21. For each category, indicate whether or not you regularly utilize these cues/behaviors with your service dog and whether your dog is PROFICIENT or NOT

PROFICIENT at these cues. Proficiency means the dog responds to the cue with the correct behavior at least 90% of the time.

Balance Cues (e.g. Brace, etc.)

Retrieval Cues (e.g. Get It, Bring, etc.)

Search Cues (e.g. Get Help, Find Person, etc.)

Positional Cues (e.g. Heel, Side, Follow, etc.)

Social Cues (e.g. Visit, Wave, Bow, etc.)

Deep Pressure or Grounding Cues (e.g. Squish, Lap, Focus, Chin, etc.)

Interruption Cues (Focus, Nudge, respond to triggers, etc.)

Other

Options for the above:

- Dropdown for Used Regularly and Not Used Regularly
- Dropdown for Proficient and Not Proficient

22. Are there any new or unexpected assistance behaviors that your dog has learned in the last year? Yes/No If yes, please describe.

23. Is your dog working to your expectations? Yes/No If no, please explain.

24. Please indicate if your dog has exhibited any of the following behaviors

Bitten a person

Bitten a dog

Knocked someone down

Pulled you out of your wheelchair or off your feet

Growled at dogs

Growled at people

Excessively barked at people, dogs, or something in the environment

None of these

25. Have any insurance claims or reports to the police been filed in regard to an incident involving your dog? Yes/No. If yes, please describe.

26. Does your dog demonstrate any adverse body language or have difficulty while:

Being dressed or groomed

Traveling (entering and exiting buildings, riding in car, plane, train, etc.)

Being in crowded, noisy environments

Being around other dogs

Being around children

Other

None of these

27. If any of the above are checked, please describe the issue you are noticing as thoroughly as you can.
28. If you have an autism dog who performs handle-led walking with your child, can the dog lie down or auto-settle without the child letting go of the handle? Yes/No
29. Does your dog have any medical problems that would affect his/her ability to be working as a service dog? If yes, please explain
30. Are your dog's vaccinations up to date? Yes/No
31. Do you have veterinary insurance (not required)? Yes/No
32. What is your dog's current weight?
33. Is your dog's license current? Yes/No
34. Are there any updates to your emergency contacts or your Service Dog Contingency Plan? If yes, please describe changes below.
35. For Service Dogs Only: Have there been any changes in your key care providers since placement (primary care doctor, mental health provider, ABA therapist, or other key specialists) or changes in your care routines? If yes, please provide the updated names and contact information.
36. Do you expect your service dog to retire in the next 24 months? Yes/No/Maybe
37. If yes, would you like to discuss the possibility of applying for a successor dog? Yes/No
38. Please share any additional information about your dog or your accomplishments as a service dog team in the last year.
39. FACILITY DOGS ONLY - Average number of clients (individuals served by your facility) that your dog interacts with on a monthly basis.
40. FACILITY DOGS ONLY - Has anything changed about the work your dog is doing or the populations you are serving? Yes/No. If yes, please explain.