



APPLICATION FOR A GUIDE OR SERVICE DOG CERTIFICATE NEW OR RENEWAL

USE THIS FORM if your dog was NOT trained by Assistance Dogs International or International Guide Dog Federation accredited schools and you are applying for a NEW Guide or Service Dog Certification, or you are renewing your Guide or Service Dog Certification.

Please complete this application form and email it to guideandservicedogs@gov.bc.ca or mail it to **Security Programs Division**, PO Box 9217 Stn Prov Govt Victoria, BC V8W 9J1. If you mail this form, please write "Attention: Guide Dog and Service Dog Program" on the envelope.

If you are a new applicant please submit with required photograph and confirmation from your veterinarian that your dog has been spayed or neutered. A Medical Form (SPD0803), confirming the requirement for a guide dog or service dog, must be completed by a medical or nurse practitioner as defined in the GSDS Regulation and sent directly to the Security Programs Division from the practitioners office. Once the Registrar is satisfied that the application package is complete and the completed Medical Form has been sent to the Security Programs Division, you will be notified to set up an assessment by Obedience Unleashed Dog Training Inc. (OUDT)

- NEW complete sections 1,3,4 and 5 RENEWAL complete sections 1,2 and 5

PART 1: PERSONAL INFORMATION

Name of Applicant					
Surname		Legal Given Name		Middle Name	
Mailing Address			City	Province	Postal Code
Date of Birth YYYY	MM	DD	Contact Telephone Area Code & Phone No.	Contact Email	
<input type="checkbox"/> Yes, I have attached a passport quality photo of myself			<input type="checkbox"/> Yes, I have attached a copy of my government issued photo ID		

PART 2: DOG INFORMATION FOR RENEWALS

Name of guide or service dog	Current certificate #
Do you continue to require the dog's assistance for daily living as a result of blindness, visual impairment or another disability? <input type="radio"/> Yes <input type="radio"/> No	

PART 3: DOG INFORMATION FOR NEW APPLICANTS

Name of guide or service dog	Dog's Date of Birth YYYY	MM	DD	Breed
Colour and Markings	Gender		Microchip number	
Are your dog's inoculations (rabies, distemper, parvovirus) up-to-date <input type="radio"/> Yes <input type="radio"/> No				
<input type="checkbox"/> Yes, I have attached certification from a BC veterinarian or equivalent that my dog has been spayed or neutered				

PART 4: TRAINING HISTORY INFORMATION

(Complete this section if you are applying for a NEW certification)

Please provide as much information as you can with regard to your dog's training history as well as you & your dog's combined training history.

Training Schools:

If you attended a training school(s) and/or program(s), please supply the following information:

Name of business:

Mailing Address	City	Province	Postal Code
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Training School Contact Information

Surname	First Name	
Contact Email	Contact Telephone Area Code & Phone No.	
Dates attended training	Name and/or type of training program	Total number of training hours

What did the curriculum include?/What did you and your dog learn to do?:

* If you need more space, please use a separate piece of paper and append to application form.

** Please send in any supporting documentation that is appropriate (e.g. curriculum document, certificate, etc.)

Other:

If you did not attend a training school or formalized training program, please supply the following information:

In detail, please describe the training that occurred

Did you use a personal dog trainer?	If you used a personal dog trainer, what credentials did the trainer have?	How much time was spent training?
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Trainer's Name

Surname	First Name
Contact Email	Contact Telephone Area Code & Phone No.

* If you need more space, please use a separate piece of paper and append to application form.

** Please send in any supporting documentation that is appropriate (e.g. curriculum document, certificate, etc.)

Training practice:

How many hours did you spend practising the skills learned? (e.g. 20 hours/week for 8 weeks) If you have a log of practice hours, please attach.

Specialized tasks dog performs

Please provide a list of the **specialized** tasks your dog does to help you with day-to-day living (e.g. fetches medications, picks up objects, alerts to telephone ring).

Specialized task	When performed
<i>Example 1: dog pushes me to a safe place</i>	<i>Epileptic seizure is imminent</i>
<i>Example 2: dog picks up clothing items for me</i>	<i>When I am dressing</i>
<i>Example 3: dog prevents (autistic) child from running away</i>	<i>Outside when child starts moving away from close proximity to dog/caregiver</i>

PART 5: CERTIFICATION

I certify that the information I have provided above is, to the best of my knowledge, true and complete. I understand that inaccurate, misleading, missing or false information may lead to denial or cancellation of my guide or service dog certificate. I agree adhere to any terms and conditions of certification.. I agree to the release of the information above to the Justice Institute for the purposes of the BC Guide dog and service dog assessment.

Printed Name of Applicant or Legal Guardian	Signature of Applicant or Legal Guardian	Date Signed

Thank you for completing the application questionnaire.

Collection Notice: All information regarding this application is collected under s. 26(a) and (c) of the *Freedom of Information and Protection of Privacy Act* as per the *Guide Dog and Service Dog Act* and its Regulation and will be used for the purpose of certifying guide and service dog teams in BC. If you have questions regarding the collection or use of this information, please contact a Policy Analyst at 1-855-587-0185 or the address below.