

Guide Dogs of the Desert  
P. O. Box 1692, Palm Springs, CA. 92263  
Phone: 760-329-6257 Fax: 760-329-2127  
Admissions: 760-329-1282 [admissions@gddca.org](mailto:admissions@gddca.org)  
[www.guidedogsofthedesert.org](http://www.guidedogsofthedesert.org)

**APPLICATION FOR GUIDE DOG MOBILITY TRAINING**

Mr.  Mrs.  Miss  Ms.

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

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email \_\_\_\_\_

**I do hereby apply to Guide Dogs of the Desert for a guide dog and for special training in the use and care of said dog, with the understanding that I will not be required to pay or promise to pay any amount of money therefore. To assist Guide Dogs of the Desert in determining whether or not I can use and care for a guide dog, I submit the following information:**

\*\*\*\*\*

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Gender:  Male  Female Race/Ethnic Origin \_\_\_\_\_

Name of spouse/life partner \_\_\_\_\_

Number and ages of children \_\_\_\_\_, \_\_\_\_\_

With whom do you reside? \_\_\_\_\_  
(i.e. self, parents, spouse, roommates)

Name of person you reside with \_\_\_\_\_

Please describe your house or apartment \_\_\_\_\_

\_\_\_\_\_

Please describe your neighborhood \_\_\_\_\_  
(i.e. downtown, rural, suburban)

\_\_\_\_\_

\_\_\_\_\_

How long have you lived at your present address?  <6 months  6-12 months

1-5 yrs.  5 + yrs.

Do you anticipate a move or lifestyle change within the next year?  Yes  No

If yes, please

explain \_\_\_\_\_

\_\_\_\_\_

Do you routinely travel independently?  Yes  No

Do you consider yourself a confident traveler?  Yes  No

Current method of travel  cane  sighted guide  guide dog  other

Please describe the areas you frequent \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What obstacles/challenges do you encounter in the areas you frequent? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you encounter stray or loose dogs, aggressive dogs (restrained or behind fences), small animals (squirrels, rabbits, etc)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you desire a guide dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a breed preference?  Labrador Retriever  Golden Retriever

Standard Poodle  Open

If you have a preference, please explain why \_\_\_\_\_

\_\_\_\_\_

Have you ever attended a guide dog school?  Yes  No **attach a separate page if necessary**

Name of School	When?	Did you graduate?	Reason for retirement/return
----------------	-------	-------------------	------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Do you now or have you ever had dogs as pets?

\_\_\_\_\_

What are the ages, sizes, breeds and personalities of the other dogs you currently have?

\_\_\_\_\_

\_\_\_\_\_

Please list any other pet's \_\_\_\_\_

i.e. cat, rabbit, bird, hamster, guinea pig, ferret, etc.

**EDUCATIONAL BACKGROUND**

Highest level of education  Elementary  High School  Some College  
 College Graduate  Post Graduate

Please list any special degrees or training \_\_\_\_\_  
\_\_\_\_\_

What community organizations or activities relating to blindness are you involved with, if any?  
\_\_\_\_\_  
\_\_\_\_\_

**VETERANS**

Are you a veteran?  Yes  No If yes, which branch of service? \_\_\_\_\_

**OCCUPATION**

Are you employed?  Yes  No

Occupation: Before blindness \_\_\_\_\_

After Blindness \_\_\_\_\_

Employer \_\_\_\_\_

Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisors name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

What are the accommodations for the dog at work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not employed, what is your present means of support? \_\_\_\_\_

Income Level: 5,000 – 10,000 a year \_\_\_\_\_ 30,000 – 40,000 a year \_\_\_\_\_

10,000 – 20,000 a year \_\_\_\_\_ 40,000 – or above a year \_\_\_\_\_

20,000 – 30,000 a year \_\_\_\_\_

Can you support the cost of a guide dog's food and health care? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Please list the name, address and telephone numbers of two family members to contact in case of an emergency.

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**GENERAL HEALTH**

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

Are you legally blind?  Yes  No In what year did you become legally blind? \_\_\_\_\_

What is your cause of blindness? \_\_\_\_\_

Please describe your residual vision \_\_\_\_\_

Do you have or have you ever had seizures?  Yes  No

Date of last seizure \_\_\_\_\_

Do you have diabetes?  Yes  No **If so, please have your physician complete the diabetic report.**

Are you insulin dependent?  Yes  No

What diet do you follow? \_\_\_\_\_  Strict  Casual

Please list your dietary needs \_\_\_\_\_

Please list any surgeries \_\_\_\_\_

Do you now or have you ever had a substance abuse problem?  Yes  No

If yes, please explain \_\_\_\_\_

Please describe your rehabilitation program (list program attended, location and dates)

---

---

---

Comments:

---

---

---

**Do you suffer from any of the following? (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> coordination                  | <input type="checkbox"/> balance problems   | <input type="checkbox"/> depression            |
| <input type="checkbox"/> spasticity                    | <input type="checkbox"/> limited mobility   | <input type="checkbox"/> heightened emotions   |
| <input type="checkbox"/> reduced stamina               | <input type="checkbox"/> muscular weakness  | <input type="checkbox"/> heat/cold sensitivity |
| <input type="checkbox"/> brittle bones                 | <input type="checkbox"/> paralysis          | <input type="checkbox"/> skin sensitivity      |
| <input type="checkbox"/> chronic pain                  | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> deafness              |
| <input type="checkbox"/> speech impairment             | <input type="checkbox"/> memory loss        | <input type="checkbox"/> hearing loss          |
| <input type="checkbox"/> allergies (please list) _____ |   |  |

other \_\_\_\_\_

**Do you use any of the following? (check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Assistance Dog  | <input type="checkbox"/> Sighted guide | <input type="checkbox"/> White cane        |
| <input type="checkbox"/> Low vision aids | <input type="checkbox"/> Hearing aid   | <input type="checkbox"/> Leg brace         |
| <input type="checkbox"/> Wrist braces    | <input type="checkbox"/> Prosthesis    | <input type="checkbox"/> Crutch            |
| <input type="checkbox"/> Support cane    | <input type="checkbox"/> Walker        | <input type="checkbox"/> Manual wheelchair |

Other

---

---

**Comments:**

---

---

---

---

---

**PERSONAL AND PROFESSIONAL REFERENCES**

**Incomplete information will greatly delay the processing of your application.**

Please list the names and contact information of three personal references.

**1)** \_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Email Address

**2)** \_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Email Address

**3)** \_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

Email Address

Please list the name and contact information of your **Orientation and Mobility Instructor**

---

Name	Home Phone	Work Phone
------	------------	------------

---

Address

---

City	State	Zip Code
------	-------	----------

---

Email Address

Please list the name and contact information of your **Blind Services or Rehabilitation Counselor**

---

Name	Home Phone	Work Phone
------	------------	------------

---

Address

---

City	State	Zip Code
------	-------	----------

---

Email Address

What was the date of your last Orientation and Mobility instruction?

\_\_\_\_\_

Have you ever had any blindfold training?  Yes  No      Would you consider it?  Yes  No

Did you attend an Orientation and Mobility program that offers Independent Living skills training?  Yes  
 No

Was it an in-residence program?  Yes  No    If yes, please give location \_\_\_\_\_

How did you learn about Guide Dogs of the Desert?

GDD Graduate

---

Graduate's Name

Lion's Club

---

Name and Location of Club

Convention or Conference

---

Name and Location of Conference

O & M Instructor

---

Name of Instructor

Other

---

Please Explain

**REASON FOR CHOOSING G.D.D.**

---

**Name of person who assisted in completing this form**

---

Name

Phone Number

---

Address

City

State

Zip Code

**I certify that the above information is true and correct.**

---

Applicant's Signature

---

Date

---

Assistant's Signature

---

Date

Please note: By signing and submitting this application your name will be added to the GDD mailing list, please indicate to us if you DO NOT want to be added to this list; GDD will not sell or share your mailing information with any third parties. All medical information contained in this document is confidential and will only be shared with those that you have given us authorization to share this information with as stated on the Information Release Form.

Please Enclose a Photograph

Guide Dogs of the Desert  
P.O. Box 1692, Palm Springs, CA. 92263  
Phone: 760-329-1282 Fax: 760-329-2127  
Email: [admissions@gddca.org](mailto:admissions@gddca.org)

**INFORMATION RELEASE FORM**

I, \_\_\_\_\_, hereby give my consent and authorization to release information from the physicians, agencies and guide dog schools listed in my application, for the purposes of determining eligibility for a guide dog training program, to assist in providing appropriate medical attention, and for any other legal purpose deemed necessary by Guide Dogs of the Desert.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

**A copy of this form will be sent to each physician, agency, and guide dog school.**

**PHYSICIAN'S REPORT**

**Applicant:** This form must be completed by your primary physician upon an examination.

**Physician:** Your patient has applied for a guide dog to enhance his/her mobility and independence. When completing this form, please keep in mind that the applicant will undergo rigorous training, both physical and mental. They will spend 28 days training and will be expected to walk a minimum of ½ hour twice daily in all types of terrain, with their guide dog, regardless of weather conditions. Your information will help us provide your patient with the training and instruction most suited to their needs. The Ophthalmologist's report and verification of blindness is a separate form. Thank you for your assistance.

\*\*\*\*\*

Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Medical/Clinic ID \_\_\_\_\_

\*\*\*\*\*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_

How long have you attended the applicant? First visit \_\_\_\_\_; # of years \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

**Is applicant legally blind?**  Yes  No **Cause of blindness:** \_\_\_\_\_

**Does the applicant have any of the following medical problems?** (please answer yes or no)

- |                            |                            |                           |
|----------------------------|----------------------------|---------------------------|
| Arthritis _____            | Allergies _____            | Asthma _____              |
| Cancer _____               | Circulatory Problems _____ | Back Problems _____       |
| Amputations _____          | Addictions _____           | High Blood Pressure _____ |
| Seizures _____             | Heart Disorder _____       | Knee/Hip _____            |
| Psychiatric Problems _____ | Epilepsy _____             | Intestinal Problems _____ |
| Ulcers _____               | Headaches _____            | Foot Trouble _____        |
| Infectious Diseases _____  | Fainting _____             | Neuropathy _____          |
| Dexterity Problems _____   | Nervousness _____          | Speech Impairments _____  |

If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any surgeries**

**Does the applicant have a hearing problem?** \_\_\_\_\_ **Which ear?**  **Left**  **Right**  **Both**

Does applicant wear hearing aides? \_\_\_\_\_ Is hearing within normal range with aides? \_\_\_\_\_

**Does applicant have a learning disorder?** \_\_\_\_\_

**Does applicant have any impairments of the use of either leg/foot?** \_\_\_\_\_ **Hand/arm** \_\_\_\_\_

**Does applicant have any limitations? Please explain**

**Is applicant diabetic?** \_\_\_\_\_ **If yes, please complete diabetic report.**

- **Is applicant stable enough to undergo the rigors of training away from home for 28 days?** \_\_\_\_\_

**Date of exam on which report is based:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's signature**

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

Doctor's name: \_\_\_\_\_

Please print

**HOSPITAL/CLINIC STAMP**

Telephone: \_\_\_\_\_

**DIABETIC REPORT**

**Physician and applicant:** Guide Dogs of the Desert does not have a nurse on staff. Applicant must be capable of administering his/her own injections and must be responsible for maintaining an appropriate lifestyle. Diabetic meals are available. Our protocol is to call 911, should the applicant need assistance.

\*\*\*\*\*

Applicant's name: \_\_\_\_\_

Is Applicant:  Type I     Type II     Stable     Brittle

Last Insulin reaction: \_\_\_\_\_

please describe: \_\_\_\_\_

Are Insulin reactions frequent?

\_\_\_\_\_

Are Insulin reactions severe?

\_\_\_\_\_

What can be offered in the event of a reaction?

\_\_\_\_\_

Date of last hospitalization due to: Hypoglycemia \_\_\_\_\_ Hyperglycemia \_\_\_\_\_

Diet: \_\_\_\_\_

Oral Medication: \_\_\_\_\_ Daily Dosage \_\_\_\_\_

Insulin Name: \_\_\_\_\_ Daily Dosage \_\_\_\_\_

Does Applicant utilize an Insulin pump?  Yes     No

If yes please list any special instructions

\_\_\_\_\_

Can Applicant self-administer Insulin? \_\_\_\_\_ Can Applicant adjust his/her own Insulin? \_\_\_\_\_

Please indicate any special instructions or suggestions

\_\_\_\_\_

\_\_\_\_\_

**I understand the protocol of Guide Dogs of the Desert and certify that the above information is true and correct.**

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

\_\_\_\_\_  
please print name

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
please print name

Date \_\_\_\_\_

Guide Dogs of the Desert  
P.O. Box 1692, Palm Springs, CA. 92263  
Phone: 760-329-1281 Fax: 760-329-2127  
Email: [admissions@gddca.org](mailto:admissions@gddca.org)

**MEDICATION AND HEALTH INSURANCE INFORMATION**

**Physician and Applicant:** Please list all medications, strength, dosage, and reason for use. Also, please indicate any side effects that may affect the applicant during their time in training. Applicant is responsible for administering his/her own medication. Please ensure applicant has enough medication for the entire 28-day class.

\*\*\*\*\*

**Applicant's name** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

<u>Medication</u>	<u>Strength</u>	<u>Dosage</u>	<u>Reason</u>	<u>Side Effects</u>

**Health Insurance Information**

Policy number: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**OPHTHALMOLOGIST/OPTOMETRIST REPORT**

**Applicant:** This form must be completed by your Ophthalmologist or Optometrist.

**Physician:** Your patient has applied for a guide dog to enhance his/her mobility and independence. Although our school is located in a windy, desert environment, we do travel to many different locations within Southern California. Your information will help us provide your patient with the training and instruction most suited to their needs. Thank you for your assistance.

\*\*\*\*\*

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

**Details of Blindness:** Is Applicant legally blind?  Yes  No Date of last examination: \_\_\_\_\_

<b>Cause of vision loss:</b>	<b>Primary</b>	<b>Secondary</b>
OD	_____	_____
OS	_____	_____

Is Applicant's vision loss considered to be:

Progressive \_\_\_\_\_ Stable \_\_\_\_\_ Likely to improve \_\_\_\_\_ Uncertain \_\_\_\_\_

In what year did blindness occur? \_\_\_\_\_ How long have you attended this patient? \_\_\_\_\_

Visual Acuity

With correction: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

Uncorrected: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

Visual Fields

Central: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

Peripheral: OD \_\_\_\_\_ OS \_\_\_\_\_ OU \_\_\_\_\_

Please describe residual vision:

No light perception    Some Light perception    Gross movement    Count fingers    Read with lens

OD  
\_\_\_\_\_

OS  
\_\_\_\_\_

Please list any ocular medications:

---

Comments:

---

**Date of exam on which report is based:** \_\_\_\_\_

---

**Physician's Signature**

Doctor's name: \_\_\_\_\_

Please print

Telephone: \_(\_\_\_\_\_)\_\_\_\_\_

Hospital/Clinic Stamp

Guide Dogs of the Desert  
P.O. Box 1692, Palm Springs, CA. 92263  
Phone: 760-329-1282 Fax: 760-329-2127  
Email: [admissions@gddca.org](mailto:admissions@gddca.org)

### **VIDEO INTERVIEW**

We prefer to conduct in-home interviews to help us determine your eligibility for our program.

However, if you live some distance from the school we ask that you submit a video. The video should consist of a demonstration of your orientation and mobility skills, using a cane independently, as well as answering the questions listed below. Please limit the time to twenty minutes.

- Your gait and what speed you travel. Please note any balance problems or neuropathy. If you still have a guide dog that you are planning to retire, you may include some work with your present guide.
- Video of you walking in your home area and in business or shopping areas that you may be working your dog.
- Please show what requirements a dog would have to work under. For example, are there sidewalks; what type of traffic signal controls will you work; are there many loose or stray dogs and cats in your neighborhood; how busy are the streets; what type of environment surrounds your place of work.
- Be sure you include crossing different kinds of intersections that you might encounter. Show your ability to read traffic and cross streets independently.

**You will need someone to interview you to answer the following questions and your answers need to be recorded on the video.**

1. What is your cause of blindness and what is your estimated degree of sight?  
Please be as specific as possible. Please describe your residual vision in different lighting, i.e. nighttime or bright lights.
2. Have you ever had a guide dog or attended a guide dog school? If so, what school?
3. Why do you desire a guide dog?
4. Do you have any physical limitations?
5. Are you on any medications? Insulin?
6. We do not have a nurse on staff. Are you able to administer your own medications/Insulin?
7. Do you smoke? We do not allow smoking in the dorm. Smoking is permitted outside and in the designated area only.
8. Please describe your home conditions. (i.e. house, mobile home, apartment)
9. Who else lives in your home?
10. What are their feelings about you having a guide dog?
11. Are there any other pets?
12. Where do you intend to relieve your dog?
13. Describe the types of areas where your dog will be working? Be sure to include any unusual areas that you frequent such as bowling alleys.
14. Are you employed? If so, what is your employer's attitude toward your having a guide dog at the work place?
15. Guide Dogs of the Desert use Labrador Retrievers, Golden Retrievers, Lab/Golden crosses, Standard Poodle and Labradoodles (Lab/Poodle crosses).  
Do you have a breed preference?  
If so, why?  
Are you open to the other breeds?
16. Both the males and females are neutered and make equally good guides.

Do you have a gender preference or are you open to either gender?

Please explain your reasons if you have a gender preference.

17. Describe your idea of the perfect guide dog for you.
18. What personality do you think will fit you best? Why?

**Should you require assistance with your video, please contact us. Often your local high school, college or Lions Club organization can offer assistance as well. If you have any questions regarding the video requirements, please do not hesitate to contact us at (760) 329-1282. Thank you for your Interest in Guide Dogs of the Desert.**

Guide Dogs of the Desert  
P.O. Box 1692, Palm Springs, CA. 92263  
Phone: 760-329-1282 Fax: 760-329-2127  
Email: [admissions@gddca.org](mailto:admissions@gddca.org)

### **CLASS OVERVIEW**

While many of the activities listed below are an integral part of our twenty-eight day curriculum, they should not be taken as complete or mandatory. Activities and instruction may vary from class to class depending on the individual needs of the student. By customizing the instruction, Guide Dogs of the Desert is able to address the individual working abilities and requirements of the team.

Class begins with three days of JUNO instruction. JUNO is an imaginary dog portrayed by an instructor using various pieces of equipment. When learning obedience, JUNO is a carpet-clad PVC pip, who can be very good or creative depending on the material being taught. During guide work, JUNO is an empty harness held by the instructor. The purpose of JUNO is to evaluate the student's gait, stride, pace, and handling capabilities.

At the end of the third day, if all has gone well, you will be presented with your new guide. This is a happy and emotional time at Guide Dogs of the Desert and is known as "Dog Day". The remainder of this day is spent feeding and relieving your dog for the first time and laying the foundation for a bond, which we hope will grow over time.

The following day, the real work begins. Starting with simple routes in a small quiet town, the training daily and weekly escalates to more challenging situations. Working six days a week, some of the concepts covered during this period will include working with traffic, sidewalk-less neighborhoods, platforms, buildings, escalators, elevators, and many other areas. The culmination of the training is an overnight trip to Phoenix that includes a flight on an airplane.

The student's stay at our campus concludes with a Graduation ceremony on the final Sunday of class. There is a private luncheon for the you, the graduate, the puppy raiser and the sponsor of your guide dog. This is another emotional day during which the dogs are reunited with their Puppy Raisers and financial sponsors meet the new teams. This is also an opportunity for the Graduates to express any feelings they may have about their new Guides, recent experiences and plans for the future.