Clinician Referral Form

Thank you for providing information regarding your client in order to determine whether they are ready/willing/able to train and be a responsible owner of an Emotional Support Animal or train their dog to be Skilled Companion or at-home-only service dog. Your client is hoping to train their own pet to do tasks to help with an existing disability. Behaviors are selected according to the individual’s needs but often include retrieving dropped objects, opening drawers/doors and alerting a caregiver that assistance is needed. In addition to helping with activities of daily living, these dogs can help reduce fatigue, encourage people to exercise, facilitate social interaction in the community, and may help reduce the owner’s overall stress level.

While many people get an already trained service dog from a program, an increasing number of people with disabilities are opting to acquire and train a dog for service work themselves. I, Jennifer Harelson help people with disabilities train their own pet to assist them with service dog tasks if the dog has appropriate temperament and behavior for this type of work. **I do not train or register service dogs for public access nor am I affiliated with an organization that does.** I am a CCDT-Catch and SDC-Cooperative Paws and I train dogs to do service dog tasks, and assess and train ESAs. If your client would benefit more from a registered service dog, please advise so that they can be referred appropriately. Details about my work, expertise and my credentials and my services are on the website Littlewingcounseling.com.

It is important that I have as much insight into your client’s ability to provide a safe, caring environment and their ability to train and care for a dog. If you have questions, please feel free to attach or email separately.

 Clinician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration of treatment with client: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what ways do you think a specialized trained dog will benefit your client (socialization, reducing anxiety and/or depression, providing a means for exercise, etc.?)

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1. What tasks and behaviors would you recommend a dog be trained to do that would be helpful

for your client based on their disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are there any tasks or behaviors that you would not recommend based on your client’s

disability? Please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any pertinent knowledge that would make this client ineligible to care for a canine such as previous difficulties involving finances or personal situations where the animal could be neglected? History of past harm to an animal? History of recent hospitalizations, legal charges, unstable housing, current substance abuse/dependence, or other activities which takes the client away from the home for long periods of time?

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