



Applicant Intake Form

Applicant Name: _____

Address: _____

Phone Number: _____

Email: _____

Dog's Name: _____ Breed: _____

I, the undersigned, understand that Ibi Semper Training, Inc (IST) program to train psychiatric service dogs is an 8 months program that will require me to be in potentially uncomfortable situations and public places.

I understand that IST accepts dogs of all breeds and sizes and that I may be in a class with other dogs of any breed and size.

I have discussed with my counselor/therapist and by his or her signature below, that counselor/therapist is confirming that I understand the implications of the process and class, that I am capable of engaging in this activity and that an emotional support dog or psychiatric service dog would be suitable and appropriate for my particular situation and condition.

I understand that there will be four to five teams (persons and dogs) in each class, so I will be required to engage with other people and other dogs in the class setting.

I understand that I will have an obligation to continue to socialize my dog outside of class which will include bringing my dog to pet friendly places.

I understand that I will be required to sign a Liability Waiver and abide by IST policies and procedures.

I have no knowledge of any incidents in which my dog has bitten or attempted to bite another person, child, or other dog. I understand that I am not permitted to bring other people to class with me without prior approval from the trainer of the class.

I understand and expressly authorize IST, its Directors, employees, volunteers and independent contractors to report any behavior that they consider problematic to my undersigned therapist with the express understanding that the therapist will not be asked to release any personal information other than confirming that I am a client.

I understand that the training methods used in this class are entirely based in positive reinforcement and that use of a choke chain, prong collar or other negative reinforcement could be detrimental to my dog's emotional health and that, if I choose to use such methods outside of class might be negatively affected.

I understand that I am not permitted to bring other people to class with me without prior approval from the trainer of the class.

I understand that this form must be returned with all other documents required by IST.

I understand that neither I nor any other participants in any Ibi Semper Training, Inc training class are permitted to carry firearms into the classroom or to any private lessons under any circumstances.

Applicant Signature: _____

Countersigned on the _____ day of _____ 20____

Signature: _____

Printed Name and Title: _____