

# Freedom Paws Canada

info@freedompawscanada.org

## TYPE 1 DIABETIC ALERT DOG



FREEDOM PAWS  
— CANADA —

Yes, I understand that completion of this form does not guarantee a successful application.\*

### About You

Full Name

Email address

Address

Postal Code  City

Phone Number

Date of birth

WSBC/ VAC File #

Veteran  1st Responder  Civillian

### How did you hear about Freedom Paws Canada service dog program?

Freedom Paws Canada Website  Veterans Affairs

Referred by (name) \_\_\_\_\_

Other \_\_\_\_\_

### Do you have a confirmed diagnosis of Type 1 diabetes?

Yes  No

**Please provide full name and professional title of the qualified health care provider who is managing your diabetes (e.g., endocrinologist, physician)**

**Are you currently under ongoing medical care for your diabetes?**

- Yes  No

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

- |   |   |
|---|---|
| <input type="checkbox"/> Insulin Pump         | <input type="checkbox"/> Continuous Glucose Monitor (CGM) |
| <input type="checkbox"/> Finger Prick Testing | <input type="checkbox"/> Insulin Injections               |

**How do you currently monitor your glucose levels?**

**How often do you experience hypoglycaemia (low blood sugar)?**

- Daily  Weekly  Occasionally  Rarely

**How often do you experience hypoglycaemia unawareness?**

- Frequently  Sometimes  Rarely  Never

**Have you experienced any of the following in the last 12 months (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Severe hypoglycaemia requiring assistance | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Emergency medical intervention            | <input type="checkbox"/> None                  |

**Which tasks would you expect a Diabetes Alert dog to perform?**

**(check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Alert to low blood sugar (hypoglycaemia)  | <input type="checkbox"/> Wake from sleep during blood sugar changes |
| <input type="checkbox"/> Alert to high blood sugar (hyperglycemia) | <input type="checkbox"/> Retrieve glucose supplies                  |
| <input type="checkbox"/> Seek help from another person             | <input type="checkbox"/> Provide persistent alert until addressed   |
| <input type="checkbox"/> Other: _____                              |   |

**If you are currently employed & actively working, please give details including whether office based or if frequent travel is a part of position.**

**About your home environment**

Do you currently reside in a

- Apartment    House    Mobile    RV

Do you rent or own?

- Rent    Own

Do you have a fenced yard?

- Yes    No

What animals currently reside in the home?

- 1 Dog    More than 1 dog    1 Cat    More than 1 cat

- Large farm animals    Small farm animals    Exotics

- Small furrries (rabbit, hamster, guinea pig etc)

Other household members: (spouse and children; including children's ages)

Are dogs permitted in your accommodation?

- Yes    No

Have you ever had a dog?

- Yes    No

Please tell us about your support network.

Do they know you have applied to the program?  Yes  No

**Relating to the program**

Are you able to commit a year of training?

Yes  No

Do you have weekly reliable transportation?

Yes  No

Are you planning any of the following in the coming months?

- |  |   |
|--|---|
| <input type="checkbox"/> Travelling Abroad     | <input type="checkbox"/> Changing of or getting a job   |
| <input type="checkbox"/> Extending your family | <input type="checkbox"/> Enrolling in further education |
| <input type="checkbox"/> House Move            | <input type="checkbox"/> Not Applicable                 |

What do you feel a Diabetic Alert dog would provide for you?

Where would a Diabetic Alert dog make a difference for you?

Please describe a typical day for you?

Do you have any regular hobbies, work, activities, volunteering etc?

Today's Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Parent/Legal Guardian (if under 19):

Please send filled out application to [info@freedompawscanada.org](mailto:info@freedompawscanada.org)

**Applications sent by mail will not be assessed.**

All applicants must become a client of FPC to receive a service dog. While we do our best to serve anyone in need, please note **NOT ALL** applicants will be accepted into our program.

The Client agrees to the following:

**1. Dog Care and Welfare**

**2. Provide appropriate daily care including food, water, exercise, enrichment, grooming, and training.**

- Ensure the dog is treated humanely at all times. Physical punishment, harsh corrections, intimidation, neglect, or abusive training practices are strictly prohibited.
- Maintain appropriate veterinary care, including vaccinations, parasite prevention, illness treatment, and emergency care.
- Maintain the dog within its documented ideal body weight range as established and recorded by a veterinarian or FPC.

Freedom Paws Canada Responsibilities

FPC agrees to:

- Provide structured, professional service dog training using humane, science-based methods.
- Provide qualified mentor trainers and appropriate training support.
- Monitor the welfare, safety, and progress of both the Client and dog.
- Offer guidance, feedback, and ongoing support throughout the program.
- Act in the best interest of the dog, Client, and program at all times.
- Maintain confidentiality of Client information in accordance with legal and ethical standards.
- Make all final decisions regarding the suitability, welfare, and working status of the service dog.