

Referral Form for a Medical Professional

June 2025



PART 1 – Patient History

- Holdfast K9 recognizes that only a Physician can diagnose a person with a disability(ies) and prescribe the use of a service animal as part of their patients treatment program.
- No attempt is made to override any medical directives or processes.
- Patients must be in steady and regular treatment for their disability condition.
- The patient must be at a point in their treatment where they are stable enough in their condition to undergo training in group and public settings as well as care for a service animal.

This certifies that is a patient under my medical care:

	Print patient's name	
1.	I verify that my patient has a qualifying disability as detailed under Provincial or Federal Legislation.	Drs Initials
2.	I verify that my patient would benefit from the use of a service dog.	Drs Initials
3.	I also verify that my patient does not have issues of substance abuse with alcohol, prescription medications or medicinal marijuana.	Drs Initials
4.	I verify that the above medications prescribed to my patient will not impair or inhibit their ability to care for or manage the service dog.	Drs Initials
5.	I verify that my patient does not have anger issues that may result in any type of abuse of their assigned service animal (both physical and mental).	Drs Initials
6.	I verify that my patient is stable enough to travel and undergo training in public group settings.	Drs Initials
7.	I verify my patient has no fear of dogs, people or surroundings that would inhibit their ability to manage a service dog or undergo training.	Drs Initials
8.	I agree to contact Holdfast K9 Intake Director should my patient cease treatment, transfer to a different medical professional or I suspect both paras 3, 4, and 5 have changed.	Drs Initials

Add any additional notes about your patient you feel needs be brought to our attention.

PART 2 - Medical Professional Information

Medical Diagnosis of Patient:	
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Medical Office Phone Number:		
	Must be provided, or the form will be rejected.	
Medical Office Email Address:		
	Must be provided, or the form will be rejected.	
Medical Professionals Information		
Name:		
		I have
Address:		read the
Province:		
Postal Code:		
following information provided and believe the of my knowledge he/she has the ability to pa	hat this patient would benefit from the use of a service of a strvice of a service animal.	dog and that to the best
Physician Signature (Print and Sign)		
Print Name	Signature	Date
Kindly forward this form to John Dugas, I	Intake Director, Holdfast K9 Service Dogs	
By phone: 1-780-982-4790		

Please contact Holdfast K9 Intake Director with any questions or concerns you may have related to the program or the referral of a veteran or serving member to the program.

By email:HoldfastK9@gmail.com



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PART 3 - Service Dog Tasks

Common Tasks Performed by Service DogsThe physician needs to indicate (prioritize) a maximum of 3-5 common tasks that should be trained into the dog that they feel would benefit their patient.

1.		earing impairment to such a degree that the	4.	Medical Conditions such as seizure disorders,
	pe	rson requires a service dog to:		diabetes, cardiac rhythm disturbances, etc.
		Alert handler to name being called		where a person would benefit from a service
		Alert handler to phone ring		dog that can:
		Alert handler to oncoming cars		☐ Alert handler to changes in medical condition,
		Alert handler to any potential dangers		such as low blood sugar, impending seizures,
		Alert handler to the presence of others		or cardiac rhythm disturbances
		Other auditory support tasks: please explain		☐ Fetch medication if needed
		, , , , , , , , , , , , , , , , , ,		☐ Fetch the phone so handler can call for help
2.	Мо	bility Physical disability or mobility issues to		☐ Alert others to the need for assistance
		ch a degree that the person requires a		☐ Reassure handler during medical crisis
	ser	vice dog to:		☐ Watch over handler until help arrives
		Retrieve dropped items		☐ Assist handler in sitting or lying down in cases
		Hold items		of impending medical crisis.
		Carry items in a store or to another room		☐ Assist handler in getting up from floor or chair
		Place items on the counter at the cash register		after medical crisis
		<u> </u>		☐ Other medical alert or response tasks: please
		Fetch a cane, walker or other equipment		explain
		Assist handler to get up from a chair or the	5	Psychological conditions such as
		floor	J.	Post-Traumatic Stress Disorder or other
		Turn lights on and off		psychological conditions where the person
		Assist with the transfer from wheelchair to		requires a service dog to:
		chair (as in restaurant)		☐ Provide tactile stimulation orienting handler in
		Reach for items from a shelf or shopping cart		the present
		Answer a (cell) phone when it rings		☐ Emotional disruption
		Alert others in the event of emergency		☐ Assist with the transfer from wheelchair to
		Alert handler to hazards such as steps, curbs,		chair (as in restaurant)
		potholes or other		☐ Provide deep pressure therapy by placing dogs
		obstacles		body weight on handler.
		Fetch medications if needed		☐ Provide space management by maintaining a
		Assist with stairs		bubble around handler to keep people away during
		Assist with ambulation		a trigger allowing the handler to feel calm.
		Retrieve a purse, wallet, backpack or travel		☐ Block and Cover (the dog stands behind or in
		bag		front of the handler creating a barrier)
		Carry mail		☐ Nightmare disruption
		Carry an item to another person		☐ Turn lights on and off
		Pull or maneuver a wheelchair		☐ Other psychological support tasks: please
		Assist with shopping cart or basket		explain
		Push handicap or elevator buttons		OAPIGIII
		Safely maneuver handler in a parking lot		
		Assist in a public restroom		
		Put away an item		
		Emergency body pull		
		Assist with locating keys or telephone		
	\Box	Eatch medication if needed		

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☐ Place items on the counter at the cash register



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☐ Other mobility support tasks: please explain

