

Service Dog Application Form

Applicant General Information

Full Name: _____

DOB: _____(MM/DD/YYYY)

Height: ____ft ____in Weight: _____lbs

Address: _____ State: ____ City: _____

Zip: _____

Vet name (if you have pets currently in your home): _____

Vet phone number (if you have a vet for current pets): _____

Personal Information

All information given in this form is to help the trainer determine how to best train your service dog to fit your needs.

How long have you been discussing a service dog with your doctor/mental health professional? _____

How does your disability(s) affect your (or the potential recipient of the service dog) everyday life and level of independence?

What is your ultimate goal (or goal for the potential recipient of the service dog) if you are partnered with a service dog?

What task(s) or skill(s) would you like your service dog (or potential service dog of a recipient) to be able to perform to help you in your everyday life?

Does any other person live with you in the home? If so, who and how many?

Are there any other pets in the home? If so, what species (dog, cat, ferret, bird, etc.) and how many of each?

Do you (or the potential recipient) require any medical equipment (wheelchair, walker, cane, oxygen tank, etc)? If so, what kind of medical equipment?

Are you (or the potential recipient) hospitalized often? If yes, is there someone available to take care of the dog in the event of a hospitalization? Who would take care of the dog?

List your (or the potential recipients) primary medical care provider who most often treats the individual as well as their contact information. This may be a psychiatrist, psychologist, counselor, therapist, doctor, PA, or other medical provider.

Please give us an idea of your (or the potential recipients) daily schedule (activities, outings, school, work, etc.).

Are you (or the potential recipient) currently employed? If yes, where and what are your work hours? Will the dog be expected to go to work with you?

Please list the employment and working hours for all other residents in your home.

Would you be able/comfortable to attend handler training sessions? These sessions generally last 2-4 hours and last for 2 weeks. These sessions will be given in a public place (park, shopping malls, restaurants, etc.) to have real-life distractions and simulate normal outings. This is where you will learn to work as a service team together and learn how your potential service dog will react to certain stimuli.

Will you (or the potential recipient) be able to financially provide for the potential service dog for the next 12 years? Yes No

Have you (or the potential recipient) ever dissociated when walking indoors or outdoors and were unaware of their surroundings?

How do you (or the potential recipient) feel about people approaching you in public to have a conversation?

This form is an application and only an application. You will need to meet with the trainer and the trainer will discuss the application with you. If you need any accommodations to help fill out the form, please let us know or discuss this form with your doctor.