

Application for service dog placement

Be as detailed as possible when answering questions, clearly explaining how a service dog would significantly improve your quality of life and how you can provide a stable, supportive environment for a working service dog . Please include documentation provided by a medical doctor verifying your disability.

Personal information:

First _____ Middle _____ Last _____
Address: _____ Apt# _____
City _____ State _____ Zip code _____

Mailing address:

City _____ State _____ Zip code _____

Phone: _____

Emergency contact:

First _____ Last _____
Phone _____
Relationship _____

Home environment:

Rent _____ House / Apartment -if yes please attach landlord permission letter if applicable.-
Own _____ House / Condo

Exercise yard Y N

Is there a smoker in the home? Y N

How many people live in your home?

Adults _____ Teen _____ Children _____

What does your support system look like? (I.E. Brother, Mother, Caregiver ect..)

Do they live in the same household as you? Y N

How many people will your service dog be in contact with in a normal day? Household members, work environment ect _____

Transportation: how do you get around town?

Own a car _____ Public transportation _____ Other _____

Dog experience

Do you currently own a service animal Y N Working _____ Retired _____

Have you owned a service animal in the past? Y N

If yes please explain what tasks the animal performed

Have you owned a dog? Y N

If yes what training did you do, what challenges did you have?

Are there currently any other animals in your home? How many?

Dogs _____ Cats _____ Other _____

How would you handle a service dog in these situations: please explain each

Crowds

Public transportation

Planes

Daily routine – please be as detailed as possible in what a typical day looks like for you, places you go (work, shopping ect) and potential challenges you face.

Where do you currently work, would the service dog have a safe place to be at said work place Y N

How would a service dog integrate into your daily routine? _____

Training commitment

How many days a week are you able to commit to training with 1 – a trainer _____
2 – on your own _____

What is your plan for training _____

What would you like to work on with a trainer ?

what are you able to work on, on your own.

Financial considerations

Are you financially able to cover the cost of a dog? Y N

Emergency and regular vet visits Y N

Training and equipment Y N

– collar, harness, leash, vest ect..

do you plan on doing the grooming including but not limited to trimming nails and brushing or take to a groomer _____

Disability details – Please attach documentation of Medical diagnosis requiring a service dog

What are the three (3) specific tasks the service dog would need to preform – EG; mobility assistance, seizure alerts, anxiety support -

Primary tasks

1: _____

2: _____

3: _____

Secondary tasks

4: _____

5: _____

6: _____