



**New Life Medical Service Dogs, Inc.**

PO Box 1093 Hernando, FL 34452 352-410-6500

# Service Dog Application

## 1. Service Dog Handler

Handler: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## 2. Emergency Contacts

*Please list at least two emergency contacts. At least one should not live with you.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. Identification

ID Type: \_\_\_\_\_ Issued by: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
ID or Document Number: \_\_\_\_\_



## 5. Living Situation

A. I currently reside in a (choose one)

House  Apartment  Duplex  Condo  Group Home  Facility

Other: \_\_\_\_\_

B. I am the residence (select one) Owner:  Renter:

C. There is a homeowners association. Yes  No  Unknown

D. My residence has a (select one) Fenced yard: \_\_\_\_\_ Enclosed area: \_\_\_\_\_

Other: \_\_\_\_\_

E. Individuals other than yourself living in your residence or who visit frequently

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

F. Do you have an attendant/caregiver? No:  Yes:  Full-time  Part-time

G. Animals in your residence or that visit frequently

Species: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Species: \_\_\_\_\_ Gender: \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

H. Does anyone have concerns about having a service animal? Having a service animal in the home? Yes

No

## 6. Transportation

A. My primary mode of daily transportation is (select one)

Drive myself  Taxi/Uber  Family/Friends  Medical Transport  Bus

B. At least one time a year I use a...

Bus  Train/Tram  Boat  Airplane  Other

## 7. My Routine

A. What does your typical week look like? What you do/where you go.

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

B. What is your typical daily routine?

Time	Event	Description
	Wake Up	
	Meals	
	Activities	
	Other	
	Bedtime	

## 8. Employment

A. I **currently** have a paid job: Yes  No

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

		Reasonable Accommodations		
	Average Hours Per Week	Have Asked	Will Ask	Not Needed
Start date	_____	_____	_____	_____

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

		Reasonable Accommodations		
	Average Hours Per Week	Have Asked	Will Ask	Not Needed
Start date	_____	_____	_____	_____

B. I currently volunteer for...

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

		Reasonable Accommodations		
	Average Hours Per Week	Have Asked	Will Ask	Not Needed
Start date	_____	_____	_____	_____

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

		Reasonable Accommodations		
	Average Hours Per Week	Have Asked	Will Ask	Not Needed
Start date	_____	_____	_____	_____

## 9. Education

A. I currently attend school

School: \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Start Date \_\_\_\_\_ Expected Graduation/Completion Date: \_\_\_\_\_

## 10. Disclosures

I have read and received a copy of

A. \_\_\_\_\_  
Initial definition of disability – US Code Title 42 Chapter 126 Section 12102

B. \_\_\_\_\_  
Initial Florida Statute 413.08 Rights and responsibilities of an individual with a disability; use of a service animal; prohibited discrimination in public employment, public accommodations, and housing accommodations; penalties.

## 10. Disclaimer and Signature

*A. I certify that my answers are true and complete to the best of my knowledge. If this application leads to program acceptance, I understand that false or misleading information in my application or interview may result in my release and notification of the appropriate authorities.*

Handler Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Handler Name: \_\_\_\_\_