



SERVICE DOG APPLICATION

Applicant's Name: _____ Date of Birth: _____

Parent/Guardian's Name (s) if applicant is under 18: _____

Home Address

Phone Numbers:

Street: _____

Home: _____

City: _____ State: _____ Zip: _____

Cell: _____

Mailing Address (if different):

Work: _____

Street: _____

Will there be a caretaker for the dog besides you? Y / N

City: _____ State: _____ Zip: _____

Primary Email: _____

If yes, who? _____

Secondary Email: _____

Current residents in your home:

Name	Age	Relationship to Applicant	Full or Part time Resident?	Comfort level / experience with dogs

The ages of other individuals that may stay overnight in your home: _____

Are all residents on board with bringing a dog into the house? Yes / No

Are any residents allergic to dogs? Yes / No If yes, how severe? _____

Are there any safety concerns for residents about bringing a new dog home? _____



Circle your type of residence: House Apartment Condo Townhouse Other: _____

Do you own or rent? _____ If you are renting, does your landlord know about the service dog? Yes / No

Will you need a letter written to your landlord about the service dog? Yes / No

Will the dog have access to all parts of your home? Yes / No If no, where will the dog be allowed? _____

Do you have room for a crate in your residence? Yes / No

Will the dog be allowed on furniture? _____

Where will the dog sleep at night? _____

Do you have a yard? Yes / No Approximate size of yard: _____ Is your yard securely fenced? Yes / No

Height of fence at its lowest point: _____ Type of fencing: _____

If not fenced, how are you planning on taking the dog out for potty breaks? _____

Pet history over the last 10 years:

Type	Breed	Years Owned	Do you have this pet currently?	If not, please explain why:

Do current pets have experience with dogs? _____

Do current pets have preferences on size, temperament, sex etc. of new dog? _____

Are current dogs in the household spayed/neutered? _____



Transportation

Do you own a vehicle? Yes / No If yes, what type of vehicle do you drive? _____

How will your dog be secured in the vehicle? _____ Do you have room for a crate in your vehicle? Yes / No

What other types of transportation will you be using with the service dog? _____

Employment:

How many hours a week do you work? _____ Are you planning on taking the service dog to work? Yes / No

If the dog will accompany you to work, please describe your work environment: _____

What will the service dog be doing while you are at work? _____

Does your employer know that you will be taking the service dog to work with you? Yes / No

Will you need a letter written to your employer about the service dog? Yes / No

If you will need a letter, please provide the employer's name and contact information: _____

School:

Will the service dog be attending a school environment? Yes / No Type of school: _____

Name of school the service dog will attend: _____

Does the school know about the service dog? Yes / No Is the school already aware of your disability needs? Yes / No

Will the school need a letter written about the service dog attending school with you? Yes / No

If yes, Please provide the school office's phone and fax: _____

While you are gone:

How long will the service dog be left home alone? _____

Where will the dog be kept when home alone? _____

Will you bring the service dog with you when you travel? Yes / No If no, what will you do with them? _____



Exercise:

Check all types of exercise that you plan to do with the dog:	
<input type="checkbox"/>	On-leash walking
<input type="checkbox"/>	Running / Jogging
<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Dog Park
<input type="checkbox"/>	Off-leash beach play time
<input type="checkbox"/>	Off-leash at an unfenced park
<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Running next to a bicycle
<input type="checkbox"/>	Playing in resident's yard
<input type="checkbox"/>	Agility
<input type="checkbox"/>	Other: _____

How frequently are you planning on exercising the dog? _____

For how long? _____

Will the dog be playing frequently with other dogs? _____

Do you have any disabilities that make it difficult to exercise the dog? _____

Are there places for the dog to safely run around near your home? _____

Service Dog Handler Commitment

Do you have any mental or physical disabilities that make it difficult to handle a dog? _____

What challenges do you expect to face owning a service dog? _____

Are you aware that SDC requires the recipient to continue to reinforce the training throughout the service dog's entire working life? Yes / No

Who do you have in your life that can support you if you need help caring for the dog or maintaining the dog's training? _____

Can you afford an average cost of \$150 per month for food, routine vet care and supplies for a dog? Yes / No

Are you able to afford emergency veterinary bills that could cost several thousand dollars? Yes / No

If no, what is your plan to cover these costs if they arise? _____

Are you aware that owning a service dog is a 10-15 year commitment? Yes / No

What will happen to the dog if the dog retires from service dog work? _____

Where will the dog go if you can no longer care for it? _____



Disability Needs:

Check all of the disabilities that you want your service dog trained to assist you with:	
<input type="checkbox"/>	Hearing Impairment
<input type="checkbox"/>	Seizures (type): _____
<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Autism
<input type="checkbox"/>	Allergies to: _____
<input type="checkbox"/>	Neurological Problems
<input type="checkbox"/>	Mobility Impairment
<input type="checkbox"/>	Dizziness / Balance Problems
<input type="checkbox"/>	Physical Weakness
<input type="checkbox"/>	Self-Harming
<input type="checkbox"/>	Panic Attacks
<input type="checkbox"/>	Social Phobias
<input type="checkbox"/>	Generalized Anxiety
<input type="checkbox"/>	Age-Related Cognitive Decline
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____

Is every disability that you checked off documented by a professional?

If not, are you able to obtain professional documentation? Yes / No

PLEASE ATTACH PROFESSIONAL DOCUMENTATION OF YOUR DISABILITIES AND CONDITIONS TO THIS DOCUMENT

How long have each of your conditions/disabilities affected you? _____

List tasks that you struggle with because of your conditions/disabilities:

Do you use any type of disability equipment currently to assist you? _____

Is there a caregiver that assists you with your conditions/disabilities? Yes / No If yes, please explain what they do for you and how often they assist you: _____

Do you already have a service animal? Yes / No Have you had a service animal in the past? Yes / No

How do you believe that a service dog can assist you for each of your conditions/disabilities? _____



What does your disability look like at its worst? _____

What do you expect your experience to look like before you receive your service dog? _____

How will you prepare to bring a new service dog into your life and household? _____

Do you have any concerns about a SDC trainer coming to your hometown for placement? _____

What do you expect your life to look like after receiving a service dog from The Service Dog Connection? _____

Is there anything else that you believe would be helpful for The Service Dog Connection staff to know about you and your family or your home/location? _____



Service Dog Preferences:

NOTE: While we take your preferences into consideration, we do not let our applicants choose their service dog out of our available service dogs in training. We match our applicants with the dog that will best fit their disability needs, personality and lifestyle.

Please circle your preferences:

Size: Small (20-30lbs) Medium (31-45lbs) Large (46-65lbs) Extra Large (66+lbs) No Preference

Please explain why you would prefer this size: _____

Gender: Male Female No Preference

Do you prefer a hypoallergenic dog? Yes / No If yes, is it due to allergies? _____

Do you have any grooming requirement preferences for your dog (low maintenance, short hair, long hair, etc): _____

Do you have any breed preferences? _____

Why do you prefer these breeds? _____

Please describe the personality of your ideal dog: _____

Is English your first language? Yes / No If not, will you need a translator? Yes / No

How will you communicate commands? English Speech Speech in Other Language: _____

Hand Signals Other: _____



Fill out the calendar below with a general outline of what your average week looks like:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am							
9am							
10am							
11am							
noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Applicant's FULL Legal Name: _____

***PLEASE ATTACH A LETTER OF REFERENCE FROM YOUR VETERINARIAN (IF NO VET HISTORY A LETTER FROM A FRIEND OR RELATIVE) & A PROFESSIONAL LETTER OF REFERENCE FROM SOMEONE YOU WORK WITH**

I, _____ agree that the information provided on this application is accurate.

Applicant's Signature: _____ Date: _____

Parent / Guardian's Signature (if applicant is under 18): _____ Date: _____