



THERAPY DOG APPLICATION

Applicant's Name: _____ Date of Birth: _____

Office / Facility that the dog will be for: _____

Home Address

Phone Numbers:

Street: _____

Home: _____

City: _____ State: _____ Zip: _____

Cell: _____

Office / Facility Address:

Work: _____

Street: _____

Will there be multiple staff handling the therapy 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? _____



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? _____

Office/School Facility:

How many hours a week will the dog be at work/school as a therapy dog? _____

Please describe the facility environment: _____

What population of people will the therapy dog be serving? _____

Name of facility the therapy dog will attend: _____

Are there any specific behaviors / commands that would be beneficial for the therapy dog to know to best fit into the facility and serve the community? _____

While you are gone:

How long will the dog be left home alone? _____

Where will the dog be kept when home alone? _____

Will you bring the 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? _____

Therapy 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 therapy dog? _____

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

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 dog is a 10-15 year commitment? Yes / No

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

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



Therapy Dog Preferences:

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



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

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

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

What do you expect the role of your therapy dog to look like? _____

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/facility? _____



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: _____