

Application for Service/Emotional/Therapy Dog

Name _____

Address _____

City, State Zip _____

Phone _____ Cell ____ Home ____ Work ____

Email address _____

Today's Date _____ Date of Birth _____ Sex _____

Height _____ Weight _____ Type of Disability _____

Is your disability progressive? _____

Other medical conditions:

Reason for wanting a dog?

Have you applied for a service dog from any other program or facility? _____

Is yes, which one? _____

MOBILITY INFORMATION: Please check all that apply:

Walk Normally _____ Crutches _____ 1 or 2

Walk Slowly _____ Cane _____ Walk Unsteady _____ Walker _____

Non-Ambulatory _____ Braces _____ Wheelchair: Power _____ Manual _____

HAND AND ARM MOVEMENT: Right-Handed _____ Left-Handed _____

Describe any limits in hand or arm movements:

DISABILITIES: Please check all that apply

Speech _____ Hearing _____

Vision _____ Pain intolerance _____

Impaired reaction speed _____

Learning disability (indicate type) _____

Other (please specify)

If you have checked any of the above, please describe the nature of the disability and provide relevant information on if and how it affects your functioning:

Describe any special areas of disability not covered above or any area of physical need that you feel AIP should be aware of.

DAILY ACTIVITIES: Please check all that apply relative to the daily activities that you are currently involved with.

Work (specify kind):

School (specify level and location):

Other regular activities/hobbies (shopping, computers, etc) _____

Do you describe yourself as: _____ Inactive _____ Active _____ Very Active

Do you spend a major part of your day in bed (if yes, how many hours)? _____ Yes _____ No

What specific places do you go that a dog should be familiar with (therapies, public transportation):

USAGE INFORMATION: Do you experience difficulties in any of the following activities? Check all that apply. Rank the top 3 tasks based on which activities you would most want help from a service dog with. _____ Picking up dropped objects _____ Opening household doors

_____ Opening commercial doors _____ Getting help in case of emergency

_____ Carrying Items (list) _____

_____ Turning light switch on/off _____ Retrieving Phone _____ Getting up from the seated position

_____ Getting up from the ground _____ Poor Balance _____ Poor balance in walking

_____ Difficulty on stairs _____ Moving wheelchair up steep inclines/ramps

In what other areas do you feel a service dog might assist you?

GENERAL INFORMATION

How many other pets do you own? _____ (Specify number, type, and age)

If other pets, do they live inside or outside? _____

What is your prior experience with dog care?

Housing (indicate one): _____ Apartment _____ House _____ Group Home _____ Other (specify) _____

Do you own or rent? _____

A service dog would have access to:

_____ Fenced exercise area (circle one) Wood Iron Chain link Plastic

_____ Non-fenced exercise area (explain) _____

_____ Electronic Fence/Invisible Fence _____ No access _____ Other (explain)

Do you plan to move in the near future? _____ Yes _____ No

How many other people live with you? _____

List names, ages, and relationship to you

Do you, or does anyone in your household smoke? _____ No _____ Yes (how much) _____

Are you, or anyone you live with, allergic to dogs? _____ No _____ Yes

Have you ever been convicted of a felony? _____ No _____ Yes

If yes, please explain

Have you ever served in the military? _____ No _____ Yes If yes, list the branch and dates?

Have you ever been investigated for animal cruelty or neglect by a humane organization?

_____ No _____ Yes If yes, please explain

Do you have strong feelings about what traits you like and dislike in a dog? _____ No _____ Yes

If you were to receive a service dog, how do you expect it to change your life?

LIVING WITH A SERVICE DOG:

A service dog needs daily feeding, training, attention and care. The average monthly cost associated with caring for a service dog ranges from \$120-\$150. Please indicate which of the following you can commit to providing:

_____ Veterinary care _____ Monthly heartworm and flea/tick medicine
_____ Recommended food _____ Daily/Weekly Grooming _____ Emergency Care _____ Insurance

You must treat the dog as a working dog, not a pet. This means not allowing strangers to pet the dog in public without your permission, ensuring that the dog behaves in public, and being the person in your dog's life that will be responsible for the dog's care and well-being.

Does anyone in your home have concerns about having a service dog in their home? If so, please explain.

ALTERNATE CONTACT

Please provide the name of a friend or relative we can call if you can't be reached:

Phone number(s) of the person listed above: _____

Relationship to the person listed above: _____

REFERENCES

PERSONAL REFERENCES: Please provide the name, address, phone number and email of a person who is not related to you but who knows you fairly well. Remember to have at least one of these individuals complete the Personal Reference form in tis packet.

1. _____

2. _____

3. _____

MEDICAL REFERENCES: Please provide the name, address, phone number and email of a medical professional who knows you and your medical history well. Remember to have at least one of these individuals complete the Medical Reference form in this packet.

1. _____

2. _____

3. _____
