

DOGWORKS SERVICE DOGS

Diabetic Alert Dog (DAD) Program Application Questionnaire

Please print this form and when completed please return to the address below
6645 Cherry St, Victor, NY 14564

All questions contained in the questionnaire are strictly confidential

Name of applicant: _____

Complete Address: _____

Home phone: _____ Cell: _____

Work: _____

Email: _____

DOB: _____ Sex: M F

Is the dog for you or a family member? _____

If the dog is for a **minor child**, an adult parent or **guardian must accept full responsibility** for the dog if accepted into the program as the dogs handler.

List any current pets in your in your home & if spayed or neutered/age/type:

Have you ever owned a Service Dog before? _____

IF yes, from whom did you obtain the dog from?

Is the Service Dog still in your home? _____

Will your Service Dog accompany you to work or school outside your home?

What mode of transportation do you typically use to commute and travel?

Describe where you live (check all that apply)

Own your home _____ Rent _____ Apartment _____

Townhouse _____ City _____ Country _____

Fenced yard _____ Access to parks _____ Sidewalks _____

How many adults and children live with you? _____

What are there ages and relationship? _____

Do any of these people have any disabling medical conditions, including T1 Or T2 diabetes? _____

Is anyone in your household allergic to dogs? _____

Have you discussed having a DAD with your medical professionals? _____

Name, address & phone # of Endocrinology Team:

Current treatment modality: _____

How often do you test your BG? _____

Last A1C? _____

Daily exercise routine? _____

Specific Diet? _____

Do you use Tobacco products? _____

Street Drugs? _____

List any other medical or current health problems: _____

Reference Section

Applicant: Please complete this section, then **deliver or mail this form** and a self addressed envelope to your reference provider. Ask him/her to return this **completed form to you in the sealed envelope** you provided with their signature across the seal. Submit the sealed reference letter in the same packet with all of your application materials.

Applicant Last name _____

First name _____

Applicant DOB _____

Email Address _____

Cell Number _____ **Home number** _____

I understand that: This recommendation will be used only for acceptance decisions for my getting a DAD from DOGWORKS SERVICE DOGS, LLC, and hereby waive my right to access to this recommendation.

Signed: _____

Date: _____

Respondent Section

DOGWORKS SERVICE DOGS, LLC would appreciate your thoughtful evaluation of the applicant who has requested a Diabetic Alert Dog (DAD) from us to help them manage their diabetes. We ask that you please return this completed evaluation to the applicant directly. To preserve confidentiality of your recommendation, please affix your signature to the sealed flap on the reference envelope. **NOTE: By signing the waiver above, the applicant has waived their right to view this recommendation.**

If you do not know the person well enough to recommend please check here _____

Name of Respondent: _____

Cell/Home phone _____

Email: _____

How long have you known the applicant? _____

Please rate the applicants ability and qualities to care for a Service Dog

___ N/A ___ Below Average ___ Average ___ Above Average ___ Outstanding

Environment conducive for a Service Dog

___ N/A ___ Below Average ___ Average ___ Above Average ___ Outstanding

Is caring and humane

