



Assistance Dog Training Application Form

Section 1: Applicant Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Preferred Method of Communication:

☐ Phone ☐ Email ☐ Other (please specify): _____

Section 2: Disability Information

Primary Disability or Condition: _____

Date of Diagnosis: _____

Do you currently use any assistive devices or aids?

☐ Yes (please specify): _____

☐ No

Describe how an assistance dog would help with your daily activities or specific needs:

Section 3: Dog Information (if applicable)

Do you currently own a dog that you wish to train as an assistance dog?

☐ Yes ☐ No

If yes, please provide the following information:

- **Dog's Name:** _____
- **Breed:** _____
- **Date of Birth (or approximate age):** _____
- **Sex:** ☐ Male ☐ Female
- **Spayed/Neutered:** ☐ Yes ☐ No
- **Veterinary History (attach records):**
☐ Attached ☐ Not Available

Does your dog have any behavioral or medical issues we should be aware of?

☐ Yes (please specify): _____

☐ No

Section 4: Housing and Lifestyle Information

What type of housing do you live in?

☐ House ☐ Apartment ☐ Other (please specify): _____

Do you have access to a secure yard or exercise area?

☐ Yes ☐ No

Are there other pets in your household?

☐ Yes (please specify): _____

☐ No

Describe your typical daily routine and how an assistance dog would fit into it:

Section 5: Training Goals

What specific tasks do you need an assistance dog to perform?

(Select all that apply)

- ☐ Mobility assistance (e.g., retrieving items, opening doors)
- ☐ Guiding (e.g., navigating spaces for visual impairments)
- ☐ Medical alerts (e.g., detecting seizures, blood sugar changes)
- ☐ Psychiatric support (e.g., grounding during anxiety episodes)
- ☐ Other (please specify): _____

Are there any environments where you anticipate needing the dog's support (e.g., public transportation, workplace)?

- ☐ Yes (please specify): _____
- ☐ No
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Section 6: References and Additional Information

Do you have a reference from a healthcare professional (e.g., doctor, therapist)?

- ☐ Yes (attach document) ☐ No

Please provide any additional information that may help us assess your application:

Section 7: Acknowledgment and Consent

By signing this form, I certify that the information provided is accurate and complete to the best of my knowledge. I understand that submitting this application does not guarantee acceptance into the training program.

I consent to the collection and use of my personal information for the purposes of evaluating my application and administering the assistance dog training program.

Applicant Signature: _____ **Date:** _____

Office Use Only

Date Received: _____

Application Status: ☐ Approved ☐ Denied

Notes/Comments:
