



ESA Dog Application

Dog's name: _____ Breed: _____

Color/Markings: _____ Date of Birth: _____

Male or female: _____ Spayed or neutered: _____

Dog's weight: _____ Cat's neck circumference (for collar sizing): _____

Are you an Indiana resident: _____

If Indiana resident, do you need help with obtaining a letter of necessity: _____

If providing your own letter of necessity, please include providers name, title, and contact

information: _____

Please Include clear photo of dog & clear, legible image/copy of proof of current veterinarian recommended vaccines, including Bordetella. (for database): _____

Name: _____ Phone#: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Client Signature

Date:
