



Emotional Support Dog Certification Application

Personal Information

Dog's name: _____ Breed: _____ Age: _____

Male or female: _____ Spayed or neutered: _____

How long have you had the dog: _____ What age was the dog when you got it: _____

Do you have a letter of necessity from a Psychiatric Medical Professional: _____

If you live in the state of Indiana, do you need help getting an appointment with a Psychiatric Medical Professional to determine if you qualify for an ESD letter of necessity: _____

Are there any tasks or special training your dog has been taught (explain): _____

Is your primary need for ESD certification for housing, public transportation, or both: _____

Environmental Information

Are there other dogs in the house: _____ How many: _____

How old are the other dogs: _____

Are the other dogs spayed or neutered: _____

Are the dogs males or females: _____

Are there children in the house: _____ How many: _____ What ages: _____

Do the children play with or otherwise come in close contact with the ESD candidate (walk, feed, take out to potty): _____

Are there men in the house: _____ Are there elderly people in the house: _____

Where does the ESD sleep: _____ Where do the other dogs sleep: _____

Are there cats in the house: _____ Are there other pets in the house: _____

What kind of other pets: _____

Is the ESD candidate around livestock or other farm animals: _____

Has the ESD candidate ever shown any aggression towards other dogs (explain): _____

Has the ESD candidate ever shown any aggression towards any other people/strangers (explain): _____

Has the ESD candidate ever shown any aggression towards any children (explain): _____

Has the ESD candidate ever shown any aggression towards men (explain): _____

Has the ESD candidate ever shown any aggression towards any livestock, farm animals, or wildlife
(explain): _____

Has the ESD candidate ever shown any aggression towards you or anyone else in the home
(explain): _____

Has the ESD candidate ever shown any aggression towards anybody wearing a hat or other head
covering (explain): _____

Has the ESD candidate ever shown any aggression towards anybody with facial or long hair
(explain): _____

When & where does the ESD candidate eat: _____

Does the ESD candidate eat with other dogs or by themselves: _____

Has the ESD candidate ever shown aggression to other dogs, other pets, people, or inanimate
objects while eating (explain): _____

What does the ESD candidate eat: _____

Who feeds the ESD candidate: _____

Can the ESD candidate be trusted to be fed by hand: _____

How does the ESD candidate react when walked on a leash (pull, tug, lunge, show fear or
aggression): _____

How does the ESD candidate react when walked on a leash by someone else (pull, tug, lunge, show fear or aggression): _____

Has the ESD candidate ever shown any signs of resource guarding any toys, people, places, etc. (explain): _____

Is the ESD candidate crate trained: _____

What are the ESD candidate's kennel manners (barking, breaking out, separation anxiety):

Is the ESD candidate house trained: _____

Has the ESD candidate ever had issues with marking territory: _____

Does the ESD candidate have any normal or abnormal fears (strangers, water, heights, loud sounds, cars, stairs, dark, being alone, vacuum, mower, mailman etc. - ie. socialization concerns) (explain):

Does the ESD candidate have disabilities, take any medications, have any allergies, or other medical or dietary concerns: _____

Name: _____ Phone#: _____ Email: _____

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

Client Signature

Date:
