



## **Service Dog Certification Application**

### **Personal Information**

Dog's name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Male or female: \_\_\_\_\_ Spayed or neutered: \_\_\_\_\_

Dog's height at shoulders: \_\_\_\_\_ Dog's height at top of head \_\_\_\_\_

Dog's neck circumference (for collar sizing): \_\_\_\_\_ Dog's weight: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

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 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 a Psychiatric Service Dog letter of necessity: \_\_\_\_\_

What are the tasks and/or special training your dog has been taught (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **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 Service Dog candidate (walk, feed, take out to potty): \_\_\_\_\_

Are there men in the house: \_\_\_\_\_ Are there elderly people in the house: \_\_\_\_\_

Where does the Service Dog candidate 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 Service Dog candidate around livestock or other farm animals: \_\_\_\_\_

Has the Service Dog candidate ever shown any aggression towards other dogs, strangers, children, men, livestock, wildlife, anyone with a hat or facial hair: (explain): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Can the Service Dog candidate be trusted to be fed by hand: \_\_\_\_\_

How does the Service Dog candidate react when walked on a leash (pull, tug, lunge, show fear or aggression): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Has the Service Dog candidate ever shown any signs of resource guarding any toys, people, places, etc.(explain): \_\_\_\_\_

\_\_\_\_\_

Is the Service Dog candidate crate trained: \_\_\_\_\_

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

\_\_\_\_\_

Is the Service Dog candidate house trained: \_\_\_\_\_

Has the Service Dog candidate ever had issues with marking territory: \_\_\_\_\_

Does the Service Dog 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 Service Dog candidate have disabilities, take any medications, have any allergies, or other medical or dietary concerns: \_\_\_\_\_

***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:

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