Service 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 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:_____

Name: _____Phone#:_____Email:_____

Address:_____City:_____State:_____Zip:_____

Client Signature Date:

_____