Lap Dog
Service Dogs

Service Dog Program Application

Personal information

Client Name:_____Phone#:_____

Email:_____

Address:_____ City:_____

State:_____ Zip:_____

Is the need for a Psychiatric, Medical Alert, or Mobility Assistance Dog: _____

List 3 tasks you need the dog to assist with (with order of importance): _____

_____

_____

Other than restaurants, grocery/department stores, & doctors offices list 3 types of public access places are important to you (school, sporting events, public transportation, library, movie theater):

_____

_____

Is there a specific breed of dog you have in mind: _____

Is there a reason why you prefer this breed: _____

_____

Do you prefer a male or female dog: _____

Environmental Information

Are there any other dogs in the house now: _____ Where do the other dogs sleep:_____

_____ Are the dogs males or females: _____

Are the other dogs spayed or neutered: _____

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

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

Will any other people in the house play with or otherwise come in close contact with the Service Dog (walk, feed, take out to potty): _____

Where will the Service Dog sleep: _____

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

What kind of other pets: _____

Will the dog be around livestock or other farm animals: _____

Client Signature Date:

_____