

Training Loving Companions

Application for Service Dog

Name _____ Date of Birth _____

Address _____ Own _____ Rent _____

City _____ State _____ Zip _____

e-mail _____ Phone _____

Medical condition - Why I want a service dog - What I need the dog to do for me

Dr. Affirmation of medical necessity

Signed _____ Date _____

In signing this application, the undersigned acknowledges that if selected to receive a TLC trained service dog, he/she will be required to provide for the dog including all health care, shelter, and dietary needs for as long as the dog lives. Should my needs change I will contact TLC for assistance in modifying the dog's training or changing dogs.

Signed _____ Date _____

Witness _____ Date _____

Complete and Mail to:

Training Loving Companions

5301 Apache Circle, Bar Nunn, WY 82601