

SERVICE DOG APPLICATION

Southern Service Dogs
10670 Linton Rd.
Warthen, GA 31094
478-357-5300

This is the first component required in the application process to receive a Service Dog from Southern Service Dogs Inc. Please keep copies of all forms submitted to us for your records. Providing as much detail as possible will assist us in us selecting the best Service Dog match for you.

Please attach DD214 form after blacking out social security number

PERSONAL DATA

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Spouse Phone: _____

Email(s): _____

Date of Birth: _____ Height: _____ Weight: _____

Are you currently a member of the U.S.Military _____

If discharged from the military:

Type of Discharge: _____ Discharge Date: _____

Branch of Service: _____

Discharge Rank: _____

Location and Dates of Unclassified Deployments: _____

Have you ever been convicted of a felony? _____

Explain your conviction: _____

What are your current living arrangements? _____

List relationship and age of individuals living in your home: _____

Do those individuals have any special needs? _____

Explain: _____

Are you currently working? _____ Where? _____

List all pets in your home: _____

MEDICAL HISTORY

List diagnosis that you are applying for a Service Dog for:

1. _____ Description: _____

2. _____ Description: _____

3. _____ Description: _____

4. _____ Description: _____

Attach sheet of additional disabilities.

Do you have a psychiatric diagnosis? YES _____ NO _____ From: _____

Have you ever had a substance abuse problem? _____

Are you in treatment? _____ Coping plan: _____

List specialist that you are currently seeing: i.e. Psychiatrist, Orthopedist, Therapist, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

Attach sheet of additional Specialists.

On a scale of 1-10, please rate your mobility level _____

List current medications and dosage:

1. _____

2. _____

3. _____

4. _____

5. _____

Attach sheet of additional medications.

List adaptive equipment that you use and percentage of the time used:

1. Percentage _____ % _____

2. Percentage _____ % _____

3. Percentage _____ % _____

4. Percentage _____ % _____

SERVICE DOG INFORMATION

Have you used your own Service Dog in the past?: _____

List where did you obtained the Service Dog(s) from:

- 1. _____ Date: _____
- 2. _____ Date: _____
- 3. _____ Date: _____

List schools that you have applied to in the past:

- 1. _____
- 2. _____

Please describe how you feel a Service Dog will mitigate your disability: _____

Please state tasks that you would like us to train your Service Dog to perform: _____

Are you able to financially support the cost of a Service Dog? Veterinary care, food, preventive medications, grooming and exercise is a responsibility and a commitment, the cost of caring for a Service Dog is approximately \$1000 per year. Are you now and in the future willing to accept this commitment and support a Service Dog? Yes _____ No _____.

CERTIFICATION AND SIGNATURE

I certify that to the best of my knowledge, the information provided above represents my present situation, failure to disclose any medical or personal information may result in denial of my application. I understand that failure to provide accurate information will result in termination of my relationship with Southern Service Dogs Inc.

Signature of applicant or caregiver/guardian

Date: _____