

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Email Address \_\_\_\_\_

Marital Status: Single\_\_ Married\_\_ Separated\_\_ Divorced\_\_ Widowed\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ Age \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

Emergency contact:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

How many people live in your household \_\_\_\_\_

Name	Age	Relationship:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently working? Yes \_\_\_ No \_\_\_ Are you enrolled in College/ Trade School? Yes \_\_\_ NO \_\_\_

Is anyone listed above your caretaker? Yes \_\_\_ NO \_\_\_ If yes =. How often are they with you \_\_\_\_\_

Is anyone in the house hold allergic to dogs? Yes \_\_\_ NO \_\_\_ If yes please indicate:

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____

Do you have pets? Yes \_\_\_ No \_\_\_ If so how many? \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_ Other \_\_\_ Are they all up to date on shots?

Are they friendly with other dogs? Yes \_\_\_ No \_\_\_\_\_. If not how would you handle your current pet and service animal?: \_\_\_\_\_

DO you own or rent your home? Own \_\_\_ Rent \_\_\_ Type of Home: House \_\_\_ Apartment: \_\_\_ Mobile: \_\_\_ Other \_\_\_\_\_

If you were to become hospitalized, who would care for your service dog? \_\_\_\_\_

Are you able to feed, walk, and groom the service animal? Yes \_\_\_ NO \_\_\_

Are you able to clearly verbalize commands to the service animal? Yes \_\_\_ No \_\_\_\_\_. If no please explain \_\_\_\_\_

\_\_\_\_\_  
V.E.T. Service Dogs Nfp