

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Email Address _____

Marital Status: Single__ Married__ Seperated__ Divoriced__ 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