

cornerstone  
COMPANIONS  
SERVICE DOGS

**Assistance Dog Application**

Please note that there are three parts to this application: The Written Application that covers information about the applicant, the Medical Provider's Recommendation, a letter of reference from your Veterinarian (if no vet history, then a letter from a friend or relative) and a professional letter of recommendation from someone you work with.

**ALL FOUR PARTS OF THE APPLICATION PROCESS MUST BE SUBMITTED BY MAIL OR EMAIL BEFORE OUR TEAM WILL REVIEW YOUR APPLICATION. APPLICATIONS CAN BE EMAILED TO: [cornerstonecompanions.sd@gmail.com](mailto:cornerstonecompanions.sd@gmail.com) or mailed to: 22423 Claremont Drive, Santa Clarita, CA 91350**

If the individual who will benefit from the service dog is under 18 years of age, the parent or guardian of that individual is required to fill out the application.

Name of Disabled Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Will Disabled Individual need balance/bracing tasks? Yes / No

Name of Parent/Guardian if Disabled Individual is under 18 years old: \_\_\_\_\_

Street Address of Residence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Will there be a caretaker for the dog besides the disabled party? If yes, who? \_\_\_\_\_

\_\_\_\_\_


  
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Please provide a list of the individuals living in your home full and part time:

Name	Age	Relation to Applicant	Full or Part Time?	Comfort Level / Experience with dogs

Ages of other individuals that may stay overnight in the home: \_\_\_\_\_

Are there any safety concerns for residents about bringing a new dog home? \_\_\_\_\_

\_\_\_\_\_

Are any residents allergic to dogs? If yes, how severe? \_\_\_\_\_

Is there anyone in the home that is not in full support of a service dog living in the residence and accompanying the disabled party in public? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone in the home been convicted of a felony? \_\_\_\_\_

\_\_\_\_\_

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Has the disabled party ever react violently toward people or animals? \_\_\_\_\_

Is the disabled party able to wake when alerted by a properly functioning smoke alarm? Yes / No

Circle the type of residence: House Apartment Condo Townhouse Other: \_\_\_\_\_

Own or rent? \_\_\_\_\_ If renting, does the landlord know about the service dog? Yes / No

Will the disabled party need a letter written to their landlord about the service dog? Yes / No

Will the dog have access to all parts of the residence? Yes / No If no, where will the dog be allowed? \_\_\_\_\_

Does the disabled party have room for a crate in your residence? Yes / No

Will the dog be allowed on furniture? \_\_\_\_\_

Where will the dog sleep at night? \_\_\_\_\_

Does the residence have a yard? Yes / No Approximate size of yard: \_\_\_\_\_

Is the yard securely fenced? Yes / No Fence Height at lowest point: \_\_\_\_\_ Fence Type: \_\_\_\_\_

If yard is not fenced, how will the dog be taken out for potty breaks? \_\_\_\_\_

**PETS IN THE RESIDENCE**

Do current pets have experience with dogs? \_\_\_\_\_

Do current pets have preferences on size, temperament, sex etc. of new dog? \_\_\_\_\_

Are current dogs in the household spayed/neutered? \_\_\_\_\_

Are current dogs in the household up to date on vaccinations? \_\_\_\_\_

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Has the disabled party ever react violently toward people or animals? \_\_\_\_\_

Is the disabled party able to wake when alerted by a properly functioning smoke alarm? Yes / No

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Own or rent? \_\_\_\_\_ If renting, does the landlord know about the service dog? Yes / No

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**EMPLOYMENT & FINANCIAL COMMITMENT**

Is the disabled party employed? If yes, please list the employer and job: \_\_\_\_\_

\_\_\_\_\_

Will the service dog be attending the disabled party's place of employment? If yes, please describe the work environment: \_\_\_\_\_

\_\_\_\_\_

Will the employer need a letter about the assistance dog? Yes / No If yes, please provide your employer's email: \_\_\_\_\_

If the disabled party will not be financially responsible for the care of the service dog, please list who will and their employer: \_\_\_\_\_

\_\_\_\_\_

Can the disabled party's household support the average cost of \$150 per month for service dog care for the next 12 years of the dog's life? Yes / No \_\_\_\_\_

\_\_\_\_\_

Is the disabled party's household able to afford emergency veterinary bills that could cost several thousand dollars? Yes / No If no, what is the plan to cover these costs if they arise? \_\_\_\_\_

\_\_\_\_\_

What will happen to the dog if the dog retires from service dog work? \_\_\_\_\_

\_\_\_\_\_

Where will the dog go if the dog's primary caretaker can no longer care for it? \_\_\_\_\_

\_\_\_\_\_

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## COMPANIONS SERVICE DOGS

### WHILE YOU ARE GONE:

How long will the service dog be left home alone?: \_\_\_\_\_

\_\_\_\_\_

Where will the dog be kept when home alone? \_\_\_\_\_

Will the disabled party bring the service dog with them when they travel? Yes / No If no, what will be done with the service dog? \_\_\_\_\_

\_\_\_\_\_

### EXERCISE:

#### Check all types of exercise that the recipient plans to do with the dog:

<input type="checkbox"/>	On-leash walking	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Running next to bike/scooter
<input type="checkbox"/>	Running / Jogging	<input type="checkbox"/>	Dog Park	<input type="checkbox"/>	Playing in resident's yard
<input type="checkbox"/>	Off-leash beach play time	<input type="checkbox"/>	Agility	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Off-leash at unfenced park	<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Other: _____

How much exercise will the dog get on a daily basis? \_\_\_\_\_

\_\_\_\_\_

Does the disabled party have any disabilities that make it difficult to exercise the dog? \_\_\_\_\_

\_\_\_\_\_

If the disabled party is unable to regularly exercise the dog, who will be able to meet that need? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


  
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**DISABILITY NEEDS**

Check all the disabilities that you want your assistance dog trained to assist you with:			
	Hearing Impairment		Self-Harming
	Seizures (type): _____		Panic Attacks
	Diabetes		Generalized Anxiety
	Autism		Social Phobias
	Allergies to: _____		Age-Related Cognitive Decline
	Neurological Problems		Other: _____
	Mobility Impairment		Other: _____
	Dizziness / Balance Problems		Other: _____
	Physical Weakness		Other: _____

Please list all of the disabled party's disabilities, including ones that you may not think are related to receiving a service dog, and how long each disability has effected them: \_\_\_\_\_

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Are all of the above disabilities documented by medical professionals? \_\_\_\_\_

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Is there a caregiver that assists the disabled party with their conditions/disabilities? Yes / No

If there is a caregiver, please explain what they do for the disabled party and how often are they assisting the disabled party?: \_\_\_\_\_

Does the disabled party already have a service dog? Yes / No

Has the disabled party had a service dog in the past? Yes / No

How do each of the disabled party's disabilities cause limitations? \_\_\_\_\_

Do you have any developmental delays? If yes, please explain: \_\_\_\_\_

Do you have any speech delays? If yes, please explain: \_\_\_\_\_



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Does the disabled party require any medical equipment such as a wheelchair, crutches, oxygen tank, etc? \_\_\_\_\_

Please list the disabled party's primary medical care provider who most often treats the individual, and their mailing address and email address. This may be a primary medical doctor, psychiatrist, psychologist, or counselor, therapist. \_\_\_\_\_

If the disabled party has interacted with dogs regularly in the past, did they enjoy the contact of the dog or were they avoidant of the dog, and why? \_\_\_\_\_

How do you believe a service dog can assist the disabled party with their disabilities? \_\_\_\_\_

What does the disabled party's disability look like at its worst? \_\_\_\_\_

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What do you expect the experience to look like before receiving their service dog? \_\_\_\_\_

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How will the disabled party prepare to bring a new service dog into their life and household? \_\_\_\_\_

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What do you expect life to look like after receiving a service dog from Cornerstone Companions?

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What challenges do you expect to face owning a service dog? \_\_\_\_\_

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Is there anything not previously mentioned that you believe would be helpful for Cornerstone Companions staff to know about the disabled party and their home/location? \_\_\_\_\_

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Are any members of the household hospitalized on average more than twice per year? If so, how often? If hospitalization is frequent, is there someone who will be able to care for the dog if you are unable?: \_\_\_\_\_  
\_\_\_\_\_

Is the disabled party attending school? If yes, will the dog be attending school as well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Handler training is essential for the disabled party and their new service dog to become a successful team and lasts 2-6 hours each day for up to two weeks. These sessions take place in public settings such as parks, malls, restaurants, and stores to practice training in real-life situations with various distractions and stimuli. Training can be physically and mentally draining, and requires patience while learning to work as a functioning service dog team. It takes practice and dedication on the part of the handler to reinforce the training that Cornerstone Companions trainers have already done.**

Is the disabled party or the parent/guardian of the disabled party able to travel to Southern California to receive the service dog and participate in two weeks of handler training with our team? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any problems the disabled party or handler may experience during the two weeks of Handler Training? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be the individual responsible for campaigning the fundraising efforts for this service dog, if any? \_\_\_\_\_

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## COMPANIONS SERVICE DOGS

Fill out the calendar below with a general outline of what your average week looks like:

Time	SUN	MON	TUES	WED	THURS	FRI	SAT
6AM							
7AM							
8AM							
9AM							
10AM							
11AM							
noon							
1PM							
2PM							
3PM							
4PM							
5PM							
6PM							
7PM							
8PM							
9PM							

**By submitting this application I hereby acknowledge and understand that Cornerstone Companions Service Dogs reserves the right to deny service to an applicant for any reason including, but not limited to, failure to meet the requirements for receiving a service dog. I, the applicant, agree to hold free from any and all liability Cornerstone Companions Service Dogs and its members and officers. My family, members of my household, and myself waive the rights and claims for damages and injuries, which may come from my connection and participation with Cornerstone Companions Service Dogs.**

Applicant's Name (Printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Provider's Recommendation for an Assistance Dog

This is a request with regard to your patient \_\_\_\_\_. We understand that you, or your office staff, are in possession of a signed medical release enabling you to discuss your patient's medical history with us.

Your patient is in the application process for receipt of an assistance dog through our program. In many cases, these dogs can provide life-changing assistance for their disabled recipients, but this is always on a case-by-case basis. Many applicants are not in the position to properly care for a service dog, or even be assisted by a dog. In some cases a service dog can exacerbate their daily struggles, and they are better suited with other treatments, instead of working with a service dog. Your response will help us determine if this is the right choice for your patient.

This request may be submitted by physical mail, or if you prefer, through your patient directly.

Many applicants are excited about the possibilities of how a dog might be able to assist them in the future, however many do not understand the amount of care a service dog requires. A service dog requires monthly medical treatment for preventative care, high quality dog food, as well as daily grooming, receive meals on time, and to be taken outside to eliminate several times a day.

1) Do you have any concerns with regard to your patient's ability to care for a dog in this way? \_\_\_\_\_

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2) Does your patient become confused or 'lost' in public? \_\_\_\_\_

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3) Does your patient experience severe changes in mood that may prevent them from properly caring for a dog in a public setting or at home? \_\_\_\_\_

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4) Do you have any concerns over your patient's physical ability to pull on a leash? \_\_\_\_\_

\_\_\_\_\_

5) Please explain the level of your patient's upper body strength: \_\_\_\_\_

\_\_\_\_\_

6) Do you feel your patient has a high risk of injuring themselves while working with a service dog? \_\_\_\_\_

\_\_\_\_\_

7) Please describe your patient's current treatment plan and your involvement in that plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Do you believe that an assistance dog would assist your patient, and if so, how? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical Provider's Name (Printed):** \_\_\_\_\_

**Medical Provider's Title:** \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Best form of contact:** \_\_\_\_\_

Thank you for assisting our program in this process, and for your continuing care of your patient.  
Sincerely,

**Cornerstone Companions Service Dogs**  
cornerstonecompanions.sd@gmail.com  
22423 Claremont Drive  
Santa Clarita, CA 91350  
(818)314-5297