



Client Application for a Service Dog

General information

Date: _____

Name _____

Address _____

City, State, Zip _____

County _____ Number of years at current address _____

Home Phone (____)____ - _____ Work Phone (____)____ - _____

Cell Phone (____)____ - _____

E-mail Address _____

Personal Information

Age _____ Date of Birth _____ Height _____ Weight _____

Type of Disability _____

Date of Disability _____

Other Special Areas of Disability _____

Physical Mobility_(check all that apply)

Walk Normally _____ Crutches _____ (one or two)

Walk Slowly but Steady _____ Cane _____ (one or two)

Walk Unsteadily _____ Use Walker _____

Non-ambulatory _____ Braces _____

Wheelchair: Manual _____ Power _____

Artificial Limb _____ Explain _____

Use of Lap Board _____ (All or Part time) _____

Hand and Arm Movements

Right handed _____ Left handed _____

Describe Hand or Arm Limitations _____

Speech

Speech Impairments _____ Describe _____

How do you communicate, if impaired? _____

Hearing

Describe any hearing impairments _____

Vision

Describe any vision impairments _____

Learning Disabilities

Describe specific disabilities _____

Other

Describe any special areas of disability not covered or any area of physical need that you feel we should be aware of _____

Home/ Work/ School Environment

How many persons are living in your home? (Names and ages)

Do you live in a house? _____ Apartment? _____

Group Home? _____ Other? _____

Daily Activities

Work _____ What Kind? _____

School _____ Specify _____

Other regular activities or hobbies _____

Do you describe yourself as: (circle one)

Very Active

Active

Inactive

Do you spend a major part of your day in bed? _____

If so approximately how many hours? _____

Pets and Training

How many other Pets do you own (specify number type and kind) _____

Do they live inside or outside? _____

What is your experience with training and dog care? _____

Do you have the financial means to care for a dog? (vet bills, food, etc)? _____

Have you ever been investigated for animal neglect or cruelty by a humane organization? _____ Explain _____

Information about You

Have you applied to other service dog organizations? _____

If so which organization and the result? _____

Have you ever been convicted of a felony? _____

Describe yourself in three words: _____

Pick three words that your family would use to describe you: _____

Where do you hope to see yourself and your service dog in one year?

Five years? _____

Needs Assessment

Picking up dropped objects _____

Opening household doors _____ Commercial doors _____

Carrying items _____ what kind of items _____

Turning on/off light switches _____ Explain _____

Poor Balance in Walking _____ Explain _____

Difficulty on stairs_____Explain_____

Getting up from the ground_____

Getting up from a sitting position_____

Retrieving a cordless phone_____

Helping with Laundry_____

Moving wheelchair up steep ramps and inclines_____

Helping undress_____

Getting help incase of an emergency_____

In what other areas do you feel a dog might assist you?

Financial

What is your primary source of income?_____

At Dogs for Disabilities we do not charge for our dogs. After the equipment fees, there is no additional monetary commitment by you for the dog. However we are a Non for Profit Company and we greatly appreciate your help in working with us to raise public awareness of our program. This can be done through presentations and / or word of mouth at civic organizations, religious organizations, support groups, schools, clubs, etc. Please list any group or

company you feel would be willing to support or sponsor our organization. Include address, phone number, and name of person to contact.

Personal and Professional References (name, address, phone)

1. _____

2. _____

3. _____

Please include a letter of recommendation from a non-family member.

Information and Photo Release

I hereby give permission to Dogs for Disabilities to use my name, and photographic image in its printed brochures, newsletters, presentations, press releases and fund raising efforts.

Signature _____

Date_____

Person to contact if we are unable to reach you:

Name_____

Address _____

City, State, Zip_____

Phone (____)____-____ Relationship_____

I attest that the above provided information is accurate, truthful and up-to-date to the best of my knowledge. Enclosed is a completed application, a letter of recommendation from a non-family member, and a suggested \$25.00 tax deductible application donation payable to Dogs for Disabilities.

Signature_____

Date_____

(Parent or Guardian if applicant is a minor)