



Service Dog Application

Date

WHAT TYPE OF DOG ARE YOU APPLYING FOR



PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

EMAIL ADDRESS:

HOME NUMBER:

CELL NUMBER:

DATE OF BIRTH:

AGE:

Sex

M

F

EMERGENCY CONTACT:

EMERGENCY
PHONE



MEDICAL INFORMATION

NAME OF PHYSICIAN:

ADDRESS:

PHONE NUMBER:

PHYSICAL THERAPIST:

PHONE NUMBER:

OCCUPATIONAL THERAPIST:

PHONE NUMBER:

MAY WE CONTACT?

YES

NO



DIAGNOSIS OF MEDICAL CONDITION

WHAT IS YOUR PRIMARY DIAGNOSIS?

DO YOU HAVE ANY OTHER MEDICAL PROBLEMS? (PLEASE EXPLAIN)

PLEASE DESCRIBE ANY LIMITATIONS YOU EXPERIENCE IN YOUR EVERYDAY LIFE.

DO YOU HAVE ANY DEVELOPMENTAL DELAYS OR SPEECH DELAYS?

WHAT TYPE OF MEDICAL EQUIPMENT DO YOU USE ON A DAILY BASIS?

(e.g. wheelchair, crutches, braces, hearing aids, etc.)

DO YOU HAVE ANY SAFETY MEASURES THAT MUST BE KEPT IN PLACE AS A RESULT OF YOUR DIAGNOSIS? PLEASE EXPLAIN



INFORMATION ABOUT YOUR HOME

WHAT TYPE OF HOME DO YOU HAVE?

APARTMENT

HOUSE

CONDO

Other

DO YOU OWN OR RENT YOUR HOME?

OWN

RENT

WHO ELSE LIVES AT YOUR HOME?

1. NAME:

AGE:

RELATIONSHIP

2. NAME:

AGE:

RELATIONSHIP

3. NAME:

AGE:

RELATIONSHIP

4. NAME:

AGE:

RELATIONSHIP

DO YOU HAVE A FENCED YARD?

YES

NO



INFORMATION ABOUT YOUR PETS

WHAT OTHER ANIMALS LIVE IN YOUR HOME?

1) TYPE OF PET: DOG
 CAT
 Other

AGE OF PET:

SPAYED/
NEUTERED: YES
 NO

2) TYPE OF PET: DOG
 CAT
 Other

AGE OF PET:

SPAYED/
NEUTERED: YES
 NO

3) TYPE OF PET: DOG
 CAT
 Other

AGE OF PET:

SPAYED/
NEUTERED: YES
 NO

4) TYPE OF PET: DOG
 CAT
 Other

AGE OF PET:

SPAYED/
NEUTERED: YES
 NO

DO YOU CURRENTLY OWN A DOG THAT YOU WOULD LIKE CONSIDERED FOR TRAINING AS YOUR SERVICE OR HEARING DOG?

- YES
 NO

DOG BREED:

DOG AGE:

DOG SEX:

DO YOU UNDERSTAND THAT NOT EVERY DOG IS SUITABLE FOR SERVICE/HEARING DOG TRAINING OR WORK?

- YES
- NO

DO YOU AGREE TO ALLOW YOUR DOG TO SPEND SOME OR ALL OF THE TRAINING TIME AT THE SERVICE DOG UNIVERSITY, INC TRAINING FACILITY (IF SUITABLE)

- YES
- NO

DO YOU HAVE A VETERINARIAN?

- YES
- NO

NAME OF VETERINARIAN:

NAME OF VET CLINIC:

ADDRESS OF VET CLINIC:

PHONE OF VET CLINIC:

- MAY WE CONTACT? YES
 NO



EMPLOYMENT/SCHOOL

ARE YOU EMPLOYED?

- YES
- NO

NAME AND ADDRESS OF EMPLOYER:

EMPLOYER'S PHONE:

- MAY WE CONTACT? YES
 NO

HOW MANY HOURS DO YOU WORK A DAY/ WEEK?

DESCRIBE YOUR NORMAL ACTIVITIES AT WORK.

- ARE YOU ATTEND SCHOOL? YES
 NO

NAME AND ADDRESS OF SCHOOL:

SCHOOL'S PHONE:

HOW MANY HOURS ARE YOU AT SCHOOL
A DAY?

DESCRIBE YOUR NORMAL ACTIVITIES AT
SCHOOL.

SERVICE DOG INFORMATION

ARE YOU ABLE TO HANDLE A DOG ON YOUR OWN?

- YES
 NO

CAN YOU FEED A DOG ON YOUR OWN?

- YES
 NO

CAN YOU CLEAN UP AFTER A DOG WHEN IT TOILETS?

- YES
 NO

CAN YOU BRUSH A DOG?

- YES
 NO

CAN YOU VERBALLY COMMUNICATE WITH A DOG?

- YES
 NO

CAN YOU BATHE A DOG?

- YES
 NO

CAN YOU GIVE HAND SIGNALS TO A DOG?

- YES
 NO

IF NO TO ANY OF THE ABOVE, WHO WOULD HELP YOU WITH CARE AND HANDLING OF A DOG?

WHERE DO YOU PLAN TO HOUSE A DOG?

- HOME
 OUTSIDE
 GARAGE
 Other

CAN YOU AFFORD TO TAKE THE DOG TO A YEARLY VET VISIT (~ \$200)?

- YES
 NO

CAN YOU AFFORD TO HAVE A DOG GROOMED SEVERAL TIMES A YEAR (\$50/VISIT)?

YES

NO

WHY DO YOU WANT A SERVICE/ HEARING DOG?

WHAT TASKS WOULD YOU LIKE THE DOG TO HELP YOU WITH TO MAKE YOU MORE INDEPENDENT?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

HOW DID YOU HEAR ABOUT OUR ORGANIZATION?

BY CHECKING THIS BOX I HEREBY ACKNOWLEDGE I HAVE READ THE ABOVE TERMS AND I UNDERSTAND THAT SERVICE DOG UNIVERSITY, INC. RESERVES THE RIGHT TO DENY SERVICE TO AN APPLICANT FOR ANY REASON INCLUDING BUT NOT LIMITED TO FAILURE TO MEET THE ESTABLISHED CRITERIA FOR RECEIVING A SERVICE DOG OR THAT REQUIRE SERVICES THAT WE ARE NOT ABLE TO TRAIN. SERVICE DOG UNIVERSITY, INC. ALSO RESERVES THE RIGHT OT REMOVE A PROGRAM SERVICE DOG FROM A HOME AT ANY TIME FOR MISTREATMENT/NEGLECT OR AN INAPPROPRIATE MATCH.

I DO HEREBY AGREE TO HOLD FREE FROM ANY AND ALL LIABILITY SERVICE DOG UNIVERISTY, INC. AND ITS MEMBERS AND OFFIERS. I DECLARE MYSELF TO BE PHYSICALLY SOUND TO PARTICIPATE WITH THE SERVICE DOG UNIVERSITY, INC. ORGANIZATION. 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 SERVICE DOG UNIVERSITY, INC.

I AGREE TO THE ABOVE STATEMENT

CLICK HERE

NAME OF APPLICANT

DATE

After completion, please Save File to your computer and e-mail copy, along with your doctor's note, to **servicedoguniversity@gmail.com**