



# 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**