

# Disability Assistance Dogs

## *Companion Dog Application*

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Gender: M F Marital Status: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nearest Relative:

Name	Address	Phone	Relationship
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Nearest Neighbor:

Name	Address	Phone	Distance to your home
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### Financial Information

Are you presently: Student Employed Unemployed

What is your current income? \_\_\_\_\_ Please attach verification of income.

Do you have enough income to provide adequate food, shelter, and medical care for your companion dog?  
Yes No

Are you willing to raise the funds necessary for your companion dog? Yes No

### ***Employment***

Occupation: \_\_\_\_\_

Employer	Address	Phone
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Supervisor's name: \_\_\_\_\_

Years at this job: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

### Living Situation

List all people residing in your home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

Do you live in a    House                      Apartment                      Mobile Home  
Do you              Own                      Rent  
If you rent, does your landlord allow pets?    Yes                      No  
If no, please attach a statement from you doctor stating need for a companion dog.  
If you live in an apartment, on what floor?    \_\_\_\_\_    How many units in building?    \_\_\_\_\_  
Do you have a fenced yard?    Yes                      No  
If yes, please describe (size, type of fencing, terrain, etc.):

\_\_\_\_\_

If no, would you be willing to install one?    Yes              No  
Describe your neighborhood (i.e., busy road, neighbors close by, dogs/cats running free, etc):

\_\_\_\_\_

\_\_\_\_\_

Do you have other pets?    Yes    No    Please describe: (species, breed, age, spayed/neutered, live inside or out, etc.)

\_\_\_\_\_

\_\_\_\_\_

## Your Companion Dog

Do you have any experience working with animals?    Yes              No              If yes, please explain.

\_\_\_\_\_

Will your family accept a trained dog as an equal partner in your house?    Yes    No  
Where will your dog taken for toilet requirements?    \_\_\_\_\_

Who will help with the dog's care if you are sick and cannot get outside:

Name	Phone	Proximity to your home
_____	_____	_____

Where will the dog be exercised and have play time?

\_\_\_\_\_

Where will the dog be while you are away?

\_\_\_\_\_

How many hours per day will the dog be alone?    \_\_\_\_\_

Would you take your dog with you on trips?    \_\_\_\_\_

Do you have any preferences regarding your companion dog (size, breed, gender, etc.)?

\_\_\_\_\_

## Additional Information

Explain why you want a Companion dog.

\_\_\_\_\_

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Describe your daily schedule.

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Describe your lifestyle.

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Describe your history of pet ownership.

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What are your hobbies or interests?

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What are your concerns regarding owning a companion dog?

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How much exercise, on average, per day, do you think that a dog needs? Describe your definition of exercise and an exercise plan you could implement for your dog.

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Please list three references (not family). May we contact these references? Yes No  
Name Address Phone

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Do you certify that all information is correct and complete? Yes No

Signature: \_\_\_\_\_

Please be sure your application includes the following:

- \_\_\_ Application form
- \_\_\_ Application fee (\$25, non-refundable)
- \_\_\_ Any additional information
- \_\_\_ Picture of applicant

Disability Assistance Dogs  
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