

Disability Assistance Dogs

Facility Dog Application

Date: _____

Facility Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Administrator's/Director's Name: _____

Signature: _____ Date: _____

Contact Name: _____ Title: _____

Please describe your facility and working environment

Have you had a Facility Dog working in your facility? Yes No

Please describe circumstances and training.

What expectations do you have for a Facility dog?

Who will assume financial responsibility for a Facility Dog?
