

Disability Assistance Dogs

Service Dog Application

Personal Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Gender: M F Marital Status: _____

Birthdate: _____ Height: _____ Weight: _____

For Office Use Only:

Rec'd: _____

Rev'd: _____

A/D: _____

If individual is a minor, do both parents live with the child? Yes No

Nearest Relative:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

Nearest Neighbor:

| Name | Address | Phone | Distance to your home |
|------|---------|-------|-----------------------|
|------|---------|-------|-----------------------|

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 service dog? Yes No

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

Students

Grade: _____

| School | Address | Phone | Principal/dean |
|--------|---------|-------|----------------|
|--------|---------|-------|----------------|

Have you discussed this application with your principal/dean? Yes No

If no, do you plan to? _____

Will your dog accompany you to school? Yes No

Employment

Occupation: _____

Employer Address Phone

Supervisor's name: _____

Have you discussed this application with your employer? Yes No

If no, do you plan on taking your service dog to work with you? Yes No

If yes, when will you speak with your employer about your dog?

Years at this job: _____ Hours per week: _____

Highest level of education completed: _____

Medical Information

Primary Physician Address Phone

Have you discussed this application with your doctor? Yes No

Is s/he in favor of your getting a Service Dog? Yes No

Describe your disability including age of onset and prognosis:

List all medications you take:

List all physicians who currently treat you and list their field of specialization:

Please describe your disability in detail, including information about its onset and prognosis, limitations, percentage of loss of use where appropriate, and status of your health, on additional sheets and attach to this application. You may ask your doctor to assist you.

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, have you discussed this application with your landlord? Yes No
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 Service 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

Will your family be able to limit their interaction with your service dog? 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?

Will you take your dog to work, school or social events?

If not, 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 service dog (breed, gender, etc.)?

Do you want to train your own service dog? Yes No

If no, please continue to the next section. If yes, please answer the following questions:

Do you already have a dog you would like to train? If yes, please describe

Do you agree to attend training sessions once a week for at least two years? _____

Will you abide by training requirements established by Disability Assistance Dogs? _____

Do you agree to discontinue training if your dog is found to be unsuitable in any way (you may select another dog and begin again)? _____

Additional Information

Explain why you want a Service dog. What do you hope he/she can do for you?

What needs or services could a Service dog provide for you?

Describe your daily schedule.

Describe your lifestyle.

Describe your history of pet ownership.

What are your hobbies or interests?

What are your concerns regarding owning a service dog?

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.

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

Name Address Phone

May we have permission to contact your physicians and/or other health care providers who are currently treating you (physicians, counselors, physical therapists, etc.) for information on your medical condition and for guidance in placing a dog in your home? Yes No

Please list other service dog organizations to which you have applied and your status with them:

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

Signature: _____

Please be sure your application includes the following and mail to the address below:

- _____ Application form
- _____ Application fee (\$25, non-refundable)
- _____ Medical and financial information
- _____ Picture of applicant

Disability Assistance Dogs
530 - 23rd Street # 3
Bettendorf, IA 52722