



Service Dog Application

PLEASE COMPLETE THIS APPLICATION AND RETURN IT BY MAIL TO: Lisa Kelly, Dogs for Cures, 9016 Warren Drive NW, Gig Harbor, WA 98335

PERSONAL INFO (To be completed by parent or guardian if under 18)

Today's Date _____ Referred by _____

Name of Applicant _____ Date of Birth _____ Gender _____

Parent/Guardian Names _____

Address _____

Home Phone _____ Cell _____ Work _____

E-mail: _____

Applicant Height _____ Weight _____

SCHOOL/EMPLOYMENT INFO

Are you presently: student employed unemployed other

If student please list current grade, school address and principal's name

If employed list occupation, employer, employer's address and name of supervisor

Have you discussed bringing a service dog with you every day with your school or employer? yes no

LIVING SITUATION

Do you live in a house condo apartment other

Do you own rent

Do you have a fenced yard?

Do you have other pets? yes no (if yes please list the number of pets, the kind of pet, the age of the pets, include whether each pet spay/neuter information)

Do you have experience working with and training animals? yes no

Have you ever owned a dog before? If yes, when and for how long? yes no

Please list (name and address) of any veterinarians that have taken care of your pets.

Do any members of the family have allergies to dogs? yes no

Do you have many visitors to your home? yes no

Please describe where you will keep the dog while you are away and how many hours per day the dog will be alone?

Please list all people residing in your home and their ages:

If parents are separated what type of custody arrangements are there?

Do you have a good family support system that is aware of and accepting of having a service dog?

Do you smoke? yes no Does anyone in your household smoke? yes no

Describe your activity level and a typical day:

MEDICAL INFO

Primary Physician _____ Phone _____

Endocrinologist _____ Phone _____

Have you discussed this medical service dog application with your doctor? __yes __no

Date of Diagnosis _____ Secondary diagnoses _____

Medications currently taken _____

Describe any hospitalizations in the last three years:

Please include last 3 HbA1c values and dates _____ _____ _____

Are you willing to maintain BG logs and send them to Dogs for Cures during the course of training?

Are presently on : __multiple daily injections __insulin pump __other

List 3 references with addresses and phone numbers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
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Please include with your application at least one letter of recommendation written by someone outside your immediate family.

ESSAY

Please tell us your story and how a service dog could benefit you? What are your hopes and goals?

