

Service Dog
Preliminary Application



Appalachian Dog Training, LLC

Preliminary Service Dog Application

Parent/Guardian Information

Name _____ Parent/Guardian (circle one)

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Other (____) ____ - ____

Email Address _____@_____.com

Parent/Guardian Information

Name _____ Parent/Guardian (circle one)

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) ____ - ____ Cell (____) ____ - ____ Other (____) ____ - ____

Email Address _____@_____.com

Service Dog Applicant

Name _____ D.O.B. _____

Sex (Circle one) Male Female Height ____' ____" Weight ____ lbs.

Birth Order (Circle one) 1 2 3 4 5

School/Work/Facility Name _____ Public/Private (Circle one)

Street Address _____

City _____ State _____ Zip _____

Phone (____) ____ - ____ County _____ District _____

Email Address _____@_____.com

Doctors Name/Organization _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) ____ - ____

Email Address _____@_____.com

Primary Diagnosis _____ Age at Time of Diagnosis _____

Secondary Diagnosis _____

With whom does the Applicant live? _____

How many hours per week is the Applicant at school/work/facility? _____

What types of therapies is the Applicant currently involved in?

Please describe the most significant symptoms of the illness and how it affects the Applicant:

List medications, dosage, and frequency:

Applicant currently resides in a: House Apartment Duplex Facility (circle one)

Other Household members:

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

Name _____ D.O.B. _____

*children and applicants unable to provide full care/handling of dog will need a **Facilitator**. If applicable, who will be the service dog's **Facilitator**? _____

ASSISTIVE DEVICES (CHECK ANY THAT APPLY)

- Manual wheelchair Power wheelchair Walker
 Crutches Cane Orthosis
 Prosthesis Other

FUNCTIONAL INDEPENDENCE:

SELF-CARE (DESCRIBE: 1-NO HELPER, 2-ASSISTED, 3-COMPLETE HELPER DEPENDENCE)

- Eating Grooming Bathing
 Dressing-upper body Dressing-lower body Toileting

TRANSFERS (DESCRIBE: 1-NO HELPER, 2-ASSISTED, 3-COMPLETE HELPER DEPENDENCE)

- Chair, wheelchair Toilet Shower

LOCOMOTION (DESCRIBE: 1-NO HELPER, 2-ASSISTED, 3-COMPLETE HELPER DEPENDENCE)

- Walk & wheelchair Walk Wheelchair Stairs

How do you envision a service dog helping you or the Applicant?

Your residence currently has: Fenced yard enclosed area other _____

Do you have other pets? (list species, breed, age, sex)

Is anyone in the home allergic to dogs or pet dander? _____

Has anyone been tested for pet allergies? _____

Have you previously owned a service or assistance dog? _____

Have you owned a dog in the past? _____ Inside or outside dog? _____

Who was responsible for the dog's training? _____

To keep the service dog's training sharp, the Applicant or Facilitator will need keep up the training each week. At delivery, the trainer will train the Applicant or Facilitator to do this. Who will be responsible for keeping up the training each week?

Will the service dog attend **school** or **work** with the Applicant? (circle one) _____

Who will be responsible for handling the dog at school or work? _____

Additional Information (attach an additional page if necessary)

I understand and agree that the Applicant/Guardian has the means to provide nutrition, veterinary, grooming, supplies, and purchase costs for obtaining and maintaining the service dog. _____ (initials)

The information on this application is correct to the best of my knowledge. I understand that this preliminary application is required to be eligible for an application package which will determine our suitability for a service dog. _____ (initials)

Applicant/Guardian Signature _____ Date _____

Print Name _____ Relationship _____