

APPLICATION FOR SERVICE DOG (Adult)



PLEASE PRINT CLEARLY or Save to computer in WORD and TYPE

APPLICANT Information (Adults ages 18 – 60)

Name _____ DOB: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Medical Diagnosis: _____

Employment: Full Time Part Time Retired Student

If employed or a student, where? _____ How long? _____

Have you discussed having a Service Dog with your Employer, and what was their response?

Do you have children? _____ How many? _____ Are you the primary caretaker? _____

Are you prepared for the financial and time commitment that a Service Dog will require? _____

What is your annual family income? _____ Is this income stable? _____

On a separate sheet of paper, please describe a typical day.

Height _____ Weight _____

Activity Level (circle) Active Medium Activity Low Activity Inactive

How often are you out in public? (Circle) Most of every day Daily Occassionally Rarely

Are you able to take care of yourself without assistance? _____

If you need assistance, what kind of assistance do you need?

SPOUSE INFORMATION

Are you single, married, or Divorced? _____

Spouse Name: _____ DOB: _____ Email: _____

Phone: _____ Work; _____ Cell: _____

Employment: Full Time Part Time Retired Student

If employed or a student, where? _____ How long? _____

PLEASE LIST EMERGENCY CONTACTS

Emergency Contact: Name: _____ Phone: _____

Alternate Contact: Name: _____ Phone: _____

Physician _____ May we contact? Y / N

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Diagnosis (use a separate sheet of paper if more space is needed for any question)

What is your primary diagnosis? _____

Are there additional medical problems? _____

How does this affect your daily living skills? _____

Are there restrictions or precautions as a result of your diagnosis? _____

What type of medical treatment are you currently receiving? _____

What types of adaptive equipment do you use (i.e. Wheelchair, hearing aid)? _____

Have you had violent episodes in the past? _____ What triggered the episode? _____

Have you ever been arrested? _____ Please explain _____

Do you drink alcoholic beverages? _____ How many drinks per day? _____

Do you smoke? _____ Do you use drugs? _____

Household Information

Type of home: Apartment: Y / N House: Y / N Do you: own / rent

Do you have fenced yard? Y / N If not, do you plan to fence the Yard? Y / N

Who lives in the home?

Name Age Relationship

Are there pets currently in the household? Please list type/breed of each. Are these pets spayed or neutered? Do they live inside the house or outside?

If there is an issue with one of your pets and your new Service Dog, are you prepared to re-home that pet? Yes / No
Do you agree to attend all required trainings with your Service Dog? YES NO

Service Dog Information:

The large majority of our Service Dogs are Labrador Retrievers. Is this breed a good match for you? _____

What tasks do you think a service dog could do to make you more independent?

Other than performing tasks, how do you think a Service Dog can help you?

References: You must have two people not related to you, complete and mail the enclosed reference letters to our office. K-9s 4 Kids reserves the right to deny services to any applicant who doesn't meet the criteria necessary for placement of a Service Dog or who requires services not within the guidelines of the organization. It is understood and agreed to that placement of an animal will require the fulfillment of the care and training guidelines of K-9s 4 Kids.

Signature: _____ Date: _____

Print Name: _____

The next step after we receive your Application is to schedule a home visit and family interview.

Please include the Application, Medical Form for a Physician, the two Reference FORMS filled out by non-family members, the Fundraising Agreement, \$25.00 non-refundable Application fee, and mail back to us.

Service Dogs Alabama
c/o Ashley Taylor
P.O. Box 310
Falkville, AL 35622

Medical Form for Physician RELEASE OF INFORMATION



Applicant or Guardian:

I, _____, do consent and request you to supply Service Dogs Alabama with any medical and social information which may assist in determining my eligibility for a Service Dog. This information is part of the necessary data to complete my application.

Any copy of this form and signature may be used as an original for release of information.

Applicant's or Guardian Signature: _____

Print Guardian or Applicant Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

FOR THE PHYSICIAN:

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM

Applicant's Name: _____

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence and/or emotional stability in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places Service Dogs that assist with mobility/stability impairment, diabetic/ seizure/ fall alert, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

How long have you been treating this Applicant? _____

What is this Applicant's **physical and mental** diagnosis? _____

Considering the disabilities of the Applicant, is it **safe** to place a Service Dog with him/her?

In what ways do you think that a **dog could be beneficial** to the Applicant?

If this Applicant has physical disabilities or conditions that affect and/or limit them physically, what are they?

Will this Applicant be able to **care for the needs** for his/her Service Dogs **without assistance** from others?

Will this Applicant be able to **maintain** his/her Service Dog's **training** without assistance from others?

Is this Applicant responsible enough to have a Service Dog in **public areas** without supervision?

Please take into account the **safety of the person and the dog**. Please explain in further detail if you have concerns about the placement of a dog with this Applicant.

Are there any special considerations or symptoms we should be aware of in order to train a dog for this Applicant?

Physician completing form (please print clearly): _____

Medical facility: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physician signature: _____ Date: _____

Thank you for your time in filling out this report. We will need it to process the application and provide services to this person.

Please return to the patient or mail directly to:

**Service Dogs of Alabama
c/o Ashley Taylor
P.O. Box 310
Falkville, AL 35622**

Any questions or concerns, please contact Ashley Taylor, by phone: 256-476-7173

LETTER OF REFERENCE

_____ is applying for a Service Dog from Service Dogs Alabama. Please take a moment to fill out this form and return it to Service Dogs Alabama. Thank you for your timely response.



Name: _____

Phone Number: _____

Address: _____

City _____ State _____ Zip _____

Relationship to the Applicant:

How long have you known the Applicant? _____

How does the disability affect the functional abilities of this Applicant?

Do you think this Applicant has the ability to care for and manage the dog without assistance from others?

Do you feel that this family has the time and financial means to properly care for a working Service Dog?

Have you observed this Applicant with other animals, how did they interact?

If they have pets, are they well cared for? _____

Do they live inside or outside? _____

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and their Service Dog!

If you have any confidential questions or concerns, please contact Ashley Taylor by phone at 256-476-7173

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FUNDRAISING AGREEMENT

Name (print) _____

Address _____

Recipient of Service Dog Name _____

I agree to raise 50% of the value of the Service Dog that I (or my child) will receive from Service Dogs Alabama in the Match Funding Program.

Please check the type of dog that you are applying for:

- \$24,000.00 Diabetic Alert Dog or any scent detection dog. (**Type 1 diabetes only**)
- \$20,000.00 Seizure assistance dog
- \$20,000.00 Balance and/or wheelchair assistance
- \$14,000.00 PTSD intervention dog
- \$14,000.00 Autism or pattern intervention dog
- \$4,000.00 Emotional support dogs
- \$6,000.00 Facility dogs

If training is required for multiple disabilities, the Head Trainer along with the Executive Director will make a determination of the value for the type of training needed for the Service Dog which will dictate the final value of the Service Dog needed. For example, a dog trained for PTSD and seizure assistance, or a dog trained for diabetic alert and autism.

Service Dogs Alabama agrees to match your fundraising dollars up to 50% of the value of the dog that you receive, bringing your Fundraising Goal down to half of your dog's value.

All fundraising monies raised with the intent to receive a Service Dog must be donated to the Mission of Service Dogs Alabama if the recipient is to receive a Service Dog from Service Dogs Alabama even if the amount exceeds 50% of the value of the dog.

Once your fundraising Goals have been met (or exceeded), we will assign a dog that is already in training to you (minimizing your wait time). Once your dog has completed training, you will work with a trainer to learn how to give your dog commands, keep your dog working for you efficiently, care for your dog properly, and interact with your dog at home and in public settings.

Recipient or Guardian Signature _____ Date _____

Witness Signature _____ Date _____