

APPLICATION FOR EMOTIONAL SUPPORT DOG



PLEASE Save ont computer and TYPE or PRINT CLEARLY

APPLICANT Information

Name _____ DOB: _____

Email: _____

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

Phone: _____ Work: _____ Cell: _____

Medical Diagnosis: _____

Daily schedule: Work Full Time Part Time Retired Student Volunteer Child

How much time will someone be with your ESD?

Why do you (or your child) need an Emotional Support Dog? _____

Is your family prepared for the financial and time commitment that an ESD will require? _____

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

Age _____ Height _____ Weight _____

Activity Level (circle): Active Somewhat active Not active .

Parent or Guardian INFORMATION (if ESD is for someone under 18)

Name: _____ DOB: _____ Email: _____

Address: _____

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: _____

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?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ESD, are you prepared to re-home that pet? Yes / No

Emotional Support Dog Information:

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

We occasionally have small breeds. Would you like to request a smaller dog?

Is your family willing and able to commit to a Fundraising Goal of \$2000.00? YES NO

Are you willing and able to comply with all training and care requirements in the SDA Guidelines? YES NO

Service Dogs Alabama reserves the right to deny services to any applicant who doesn't meet the criteria necessary for placement of an Emotional Support Dog.

By signing this Application, you agree to allow Service Dogs Alabama to use photos and stories about your child in order to select the best dog for him/her as well as promote the Mission, services, and fundraising efforts of Service Dogs Alabama.

Please enclose a \$25.00 non-refundable Application Fee.

Signature: _____ Date: _____

Print Name: _____

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

Attachments: Doctor's Form, one Reference Letter, Fundraising Agreement, and \$25.00 non-refundable application fee.

Please ask the doctor to mail the completed form back to us or give to you. This allows for medical confirmation of disability as well as pertinent medical opinion.

Please have the one Reference FORMS filled out by non-family members and mailed back to us.

Medical Form for Physician RELEASE OF INFORMATION



For the Applicant:

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.

Signature: _____

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

For the Physician:

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM

Applicant: _____

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. Please mail it to the address below or give to the Applicant to mail to us. We cannot process the application and provide services without this information.

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

If you have any confidential 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: 256-476-7173