

APPLICATION FOR SERVICE DOG (Veteran)



PLEASE PRINT CLEARLY

APPLICANT Information

Name _____ DOB: _____ Email: _____

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

Phone: _____ Work: _____ Cell: _____

Military Branch and Rank: _____

Were you deployed? _____ Where? _____

Years in Military: _____ Please circle one: Active Medically Discharged Retired

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?

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

SPOUSE INFORMATION

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 the primary diagnosis? _____

Are there other medical problems? _____

How does this affect their daily living skills? _____

What are their limitations? _____

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

What type of medical treatment are they currently receiving? _____

What medications are they taking and what are they for? _____

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

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?

Service Dog Information:

What type of service dog are you seeking? _____

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

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

Do you have children living in the home? If so, what do they think of this child having their own dog?

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 fill out this next form and send it along with the confirmation of disability form to your doctor. Please ask the doctor to mail the completed form back to us. This allows for medical confirmation of disability as well as pertinent medical opinion.

RELEASE OF INFORMATION



I, _____ do consent and request you to supply K-9s 4 Kids any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service Dog and to have that animal trained and certified by K-9s 4 Kids.

This will enable K-9s 4 Kids to understand my request for this dog and help them evaluate my eligibility for their services. 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: _____

If applicant is a child:

Parent or Legal Guardian Signature: _____

Print Name: _____ Date: _____

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

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 impairment, life crises medical conditions, mental health issues, medical alert, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment. Please use additional pages to answer questions as completely as possible.

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

Do you think that a dog could be beneficial to the Applicant? What types of tasks could the dog be trained to do to assist this Applicant?

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

Does this applicant have a mental disability? How could this disability affect the care and safety of a Service Dog?

Does this person have a stress related disability? If so, please list the diagnosis and explain how it affects the applicant. _____

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. We cannot process the application and provide services without this information.

**Service Dogs of Alabama
5960 East Shirley Lane
Montgomery, AL 36117**

We need two letters of reference from non-family members

LETTER OF REFERENCE



_____ is applying for a Service Dog from K-9s 4 Kids. Please take a moment to fill out this form and return it to K-9s 4 Kids. 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 long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a Service Dog? Do you think they have the ability to handle and manage the dog? _____

Caring for a Service Dog is a lot of work and can be expensive. Do you feel the child and parents have the time and financial means to properly care for a working Service Dog?

Have observed the child 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!

Please mail to: Service Dogs Alabama, 5960 East Shirley Lane, Montgomery, AL 36117

LETTER OF REFERENCE



_____ is applying for a Service Dog from K-9s 4 Kids. Please take a moment to fill out this form and return it to K-9s 4 Kids. 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 long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a Service Dog? Do you think they have the ability to handle and manage the dog? _____

Caring for a Service Dog is a lot of work and can be expensive. Do you feel the child and parents have the time and financial means to properly care for a working Service Dog?

Have observed the child 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!

Please mail to: Service Dogs Alabama, 5960 East Shirley Lane, Montgomery, AL 36117