



IDEA Service Dogs - Application

PERSONAL INFORMATION

Today's Date: _____ Referred by: _____

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Gender: (Check) Male Female

Marital Status: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Can you receive Text Messages (Check) Yes No

LIVING SITUATION

(Please Check) Home Apartment

Fenced back yard (Check) Yes No

If NO fenced yard please describe where you will exercise your service dog:

Do you have other pets? (Please Check) Yes No

If YES please describe them: _____

Do you live alone or with others (*Please Check*) Alone Others

If you live with others, please list them:

Name _____ Relationship _____ Age: _____

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Name _____ Relationship _____ Age: _____

Name _____ Relationship _____ Age: _____

Name _____ Relationship _____ Age: _____

Have you applied to another Service Dog program? Yes No

If yes, what is the current status? : _____

NATURE OF YOUR DISABILITY

Please check equipment that you currently use:

Wheelchair - Manual Power Both Cane Walker Crutches

Motorized Scooter Prosthesis Hearing Aid

Other: _____

Please describe the frequency in which you utilize them: _____

NATURE OF YOUR DISABILITY CONT.

What "skills" would you like your service dog to perform as you conduct your daily routine?

Pick up and retrieve items

Retrieval of Another Person for Assistance

Open and close doors

Brace while walking or transferring

Other: _____

Please give a short description of your disability: _____

PREVIOUS EXPERIENCE

Have you ever raised a puppy? (Check) Yes No

Have you previously owned a service dog? (Check) Yes No

Have you ever attended dog training classes (Check) Yes No

If **YES** please indicate the following:

Location: _____

Approximate Date: _____

Briefly describe the type of training: _____

COMPLETE IF APPLYING WITH A DOG

Dog's Name: _____ Dog's Breed: _____

Dog's Date of Birth/Age: _____ Dog's Age When Acquired: _____

Where was dog acquired?: _____

Dog's Sex: _____ Spay/Neutered: _____ When: _____

Medical conditions or allergies: _____

List of current medications or supplements given: _____

Brand of dog food: _____ Frequency of feeding: _____

Where does the dog sleep? _____

Any known behavior issues/problems: _____

Do you have a dog door? _____

Number of times a day the dog is exercised, by whom and how: _____

What type of collar, leash and training equipment have been used with dog:

ESSAY QUESTION

Please describe what you envision your relationship to be with your Service Dog. You can attach additional pages if needed: _____

ACKNOWLEDGEMENT

I am over the age of 18 or have the consent of my Parent/Guardian, and by signing this application, I acknowledge that I am/we are able to enter a legal contract, and this application will serve as such.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Co-Applicant Signature: _____ Date: _____

Print Co-Applicant Name: _____