



SERVICE DOG APPLICATION FORM

A. PERSONAL INFORMATION

Applicants Name			
Occupation			
Date of Birth (dd/mm/yyyy)			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	
Mailing Address			
	Street	City	Province Postal Code
Telephone	Home:	Work:	Cell:
Email			
Other persons living in your home	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
	Name:	Relationship:	Age:
Emergency Contact	Name:		
	Address:		
	Phone number:		
<i>If the Applicant is a minor or under guardianship, please complete the following</i>			
Parent/Guardian Name(s)	Name:		
	Name:		
	Name:		
	Name:		
Occupation(s)			
Is your entire family committed to the idea of having a service dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:	
Have you had a service dog in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and from which organization?	



B. HOME ENVIRONMENT

Do you rent or own your home	<input type="checkbox"/> Rent	<input type="checkbox"/> Own
For renters:		
<i>Does your landlord know that you are applying for a service dog?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Are you allowed to have pets?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list type of pet(s) and age(s)		

Describe your home:

Is your yard fenced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Describe your neighbourhood (*busy road, quiet residential, dogs/cats running free, etc.*):



C. EMPLOYMENT/EDUCATION INFORMATION

Have you informed your employer /school administrator that you are applying for a Service Dog? Yes No

Describe your workplace/school environment, noting any special skills you feel a dog may need to safely accompany you at work or school.

Name of School			Address		
Principal			Contact Number		
Type of School	<input type="checkbox"/> Elementary	<input type="checkbox"/> Middle	<input type="checkbox"/> High school	<input type="checkbox"/> Higher Education	
Does your school board have a Service Dog Policy?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, are you able to meet the requirements?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
What grade is your child in?					
Does your child have an education assistant while at school?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Will the dog accompany your child to school every day?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
<i>If yes, explain what your hopes are for having the dog at school</i>					
<i>If no, where will the dog be during the day?</i>					

Describe the ways you believe a service dog can assist your child in your daily life (attach more pages if needed)



D. LIFESTYLE AND ACTIVITY

Describe your daily activities <i>(shopping, social outings, Church, etc.)</i>		
How would you describe your activity level?	<input type="checkbox"/> Active <input type="checkbox"/> Moderately Active	<input type="checkbox"/> Low Activity <input type="checkbox"/> Sedentary
What forms of transport do you regularly or occasionally utilize	<input type="checkbox"/> Car <input type="checkbox"/> Bus/Public Transportation	<input type="checkbox"/> Walk <input type="checkbox"/> Taxi <input type="checkbox"/> Other
Do you plan to move in the near future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, when and where?</i>		
Based on your family's lifestyle, how many hours per day will the dog be left alone?		
When in public, service dog teams attract attention. Will you be comfortable with this type of attention?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How will you handle the public attention that you and the dog receive?		



E. MEDICAL INFORMATION

Primary physical/medical disability					
Do you have any secondary disabilities?					
How long have you had your disability? Is it progressive?					
Please briefly explain the impact of your disability on the following areas					
Upper body	Lower body	Manual dexterity	Memory- long and short term	Vision	Speech
<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Hearing	Reasoning ability	Heat or cold sensitivity	Pain sensitivity	Mobility	Ability to perform self-care
<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
Do you utilize assistive devices?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
<i>If so, please describe</i>					
Do you have an ongoing professional support program/process?					
<i>If so, please describe</i>					
Are you fully engaged in and compliant with your program/process?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
Do you have any special requests or requirements for qualities or skills in a service dog?					
Additional information required for children/youth or persons under guardianship.					
Does the Applicant:					
<input type="checkbox"/> Bolt or wander	<input type="checkbox"/> Have temper tantrums	<input type="checkbox"/> Demonstrate anxious behavior	<input type="checkbox"/> Demonstrate extremes in moods with no apparent reason		
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Demonstrate aggressive behavior	<input type="checkbox"/> Have a short attention span	<input type="checkbox"/> Sensitive to sound		
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Cause injury to himself/herself or others	<input type="checkbox"/> Demonstrate extremes in moods with a reason	<input type="checkbox"/> Sensitive to being touched		
<input type="checkbox"/> Have difficulties sleeping	<input type="checkbox"/> Have seizures	<input type="checkbox"/> Have a lack of fear, or understanding of real dangers	<input type="checkbox"/> Have difficulty relating to peers		
<input type="checkbox"/> Show the ability for creative, imaginative play	<input type="checkbox"/> Have the ability to initiate or sustain a conversation (age appropriate)	<input type="checkbox"/> Demonstrate eye contact	<input type="checkbox"/> Demonstrate facial expressions, body postures and gestures		
<input type="checkbox"/> Demonstrate a lack of social skills or emotional feelings		<input type="checkbox"/> Demonstrate frustration/irritability with minimal changes in routine		<input type="checkbox"/> Other	



F. DOG CARE AND FINANCIAL CONSIDERATIONS

Each Municipality has different dog licensing regulations and bylaws. Have you made yourself aware of current local regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to meet these as a minimum standard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On average, providing for a service dog can cost between \$1000 and \$1500 per year. This includes high quality food, veterinary care, equipment such as leashes and collars, as well as toys and treats.	<input type="checkbox"/> Yes <input type="checkbox"/> No
It is also mandatory that you get pet insurance, which can cost \$25-\$50 per month, depending on the deductible. Are you willing and able to commit to the cost of owning a service dog?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Having a service dog join your family is a long term commitment. Are you prepared for the responsibility of caring for the life and wellbeing of a service dog for the next seven to ten years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

G. ACKNOWLEDGEMENT

By signing below we agree that the information provided is correct. We understand that this application is only the first step in the assessment process for consideration of being paired with a service dog.

Signature	Print Name
Date	

*****OFFICE USE ONLY*****

Date Received	
Reviewed by	
Follow Up Plan	<input type="checkbox"/> Prescription received <input type="checkbox"/> Letters of support from health care providers (min. 2) <input type="checkbox"/> In person interview <input type="checkbox"/> References obtained (min. 2) <input type="checkbox"/> Home visit
Approved for Pairing	<input type="checkbox"/> Yes <input style="margin-left: 150px;" type="checkbox"/> No