



APPLICATION FOR SERVICE DOG

Personal

Name: _____
First Last Middle

Address: _____
Street (Apt) City, State Zip

Alternate Address: _____
Street City, State Zip

Contact Information: _____
Home Phone Mobile E-mail

Emergency Contact: _____
Name Relationship Phone Number

Occupation: _____

Employer: _____

Education (highest level completed): _____

Plans for Future (education/employment/living arrangements): _____

Lifestyle

Residence Type: Apartment House Mobile Home
 Condo Duplex Parents

Is there a yard? Yes No

Is it fenced? Yes No

Homeownership: Homeowner Renter

Landlord name: _____

Landlord phone: _____

Please list all members of your household (individuals living with you):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Animal Experience

Have you ever owned a dog? Yes No

If yes, please describe your experience: _____

Please list all animals you have owned within the past 5 years.

<i>Name</i>	<i>Type of Animal</i>	<i>Years in Home</i>	<i>Still Living with You?</i>	<i>Reason for Death or Leaving</i>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Current or Intended Veterinarian: _____

Vet.'s Phone: _____

Vet.'s Address: _____

Have you visited any other veterinarians in the past 5 years? Yes No

If yes, please specify:

Name _____ *City/State* _____

Have you ever been a student at another service dog organization? Yes No

If yes, which one? _____

Would the service dog accompany you to work or school? Yes No

With 1 being most important and 14 being least important, please rank the following actions you would like a service dog to perform:

- | | |
|---|--|
| _____ Pick up dropped items | _____ Press life alert button |
| _____ Pull out of chair, bed, etc. | _____ Balance while walking or standing |
| _____ Seizure alert (diabetic training) | _____ Lay on top of during seizure |
| _____ Search and rescue | _____ Alert adult if child leaves boundaries |
| _____ Turn on/off light switches | _____ Pull clothes out of dryer |
| _____ Take off socks | _____ Alert to certain noises (fire alarm, alarm clock, phone, etc.) |
| _____ Other (please specify): _____ | |

Medical

Disability: _____ Onset: _____

Current Height: _____ Current Weight: _____

Which of the following do you use? (check all that apply)

- Braces Crutches Electric Wheelchair
 Cane Walker Manual Wheelchair

Please list allergies and explain reaction: _____

Primary Doctor: _____

Primary Doctor's Phone Number: _____

Clinic Address: _____

Street

City, State

Zip

Do you have an attendant? Yes No

Attendant's Hours: Full Time Part Time

Attendant's Name: _____

Attendant's Phone Number: _____

Do you have a physical therapist? Yes No

Physical Therapist's Name: _____

Physical Therapist's Phone Number: _____

Clinic Address: _____

Street

City, State

Zip

Disclaimer and Signature

I certify the answers I have provided are true and complete to the best of my knowledge. I understand that false or misleading information in my application or in other communications with Capable Canines of Wisconsin may result in the revocation of the service dog.

I give Capable Canines of Wisconsin, Inc. permission to contact the medical health care providers I have listed to learn more about my disability and to further identify my personal needs. I understand that this information will be treated confidentially.

Signature: _____ Date: _____