# Application for Service Dog

# First Time Applicant Form

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| Full Name: |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | Date: | | | | |  | | | | | | | | | | | | |
| *Last* | | | | | | | | | | | | | | | | | | *First* | | | | | | | | | | | | | | | | | | | *M.I.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Street Address* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *Apartment/Unit #* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *City* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | *State* | | | | | | | | | | | | *ZIP Code* | | | | | | | | | | | | | |
| Phone: | | | | | | | | **( )** | | | | | | | | | | | | | | | | | | E-mail Address: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best Time to Call: | | | | | | | | | | |  | | | Preferred Method of Contact.: | | | | | | | | | | | | |  | | | | | | | | | | | | | Date of Birth: | | | | | | | | | | | |  | | | | | | |
| Class Date Desired: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you plan to be the dog’s primary handler? | | | | | | | | | | | | | | | | | YES  \_\_\_ | | | | NO  \_\_\_ | | | | If not, please list the person who will be. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| Have you been eliminated from the possibility  of allergen desensitization? | | | | | | | | | | | | | | | | | YES  \_\_\_ | | | | NO  \_\_\_ | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you or any member of your family allergic to dogs? | | | | | | | | | | | | | | | | | YES  \_\_\_ | | | | NO  \_\_\_ | | | | If yes, please explain: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **Health and Allergy Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List all Allergies: | | | | | | | | | | | |  | | | | | | | | | | Which of these are anaphylactic? | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Name of Allergist: | | | | | | | | | |  | | | | | | | | | Phone number | | | | | | | | | | **( )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last test: | | | | | | | | |  | | | | | | | | | | | | | | | IgE levels or RAST Ratings | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| When was your last anaphylactic reaction? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other disabilities: | | | | | | |  | | | | | | | | | | | | | | | | How would you describe your general health?: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Insurance Company: | | | | | | | | | | | | | | |  | | | | | Policy Number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **References** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list three references (not family or professional) we may contact regarding the suitability of service dog placement.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | | |  | | | | | | | | | | |
| e-mail address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | **( )** | | | | | | | | | | | | | | | | | |
| Address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | |  | | | | | | | | | | |
| e-mail address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | **( )** | | | | | | | | |
| Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Full Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relationship | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| e-mail address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | **( )** | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Disclaimer and Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *I certify that my answers are true and complete to the best of my knowledge. I understand that Allergen Detection Service Dogs will need further information before my final acceptance into the program and that completing this application places neither the applicant nor Allergen Detection Service Dogs under any contract or obligation. This application is for review and admission purposes only and no information contained within will be distributed to any outside agency at any time. Insurance company information is requested so that this company may help you find as many areas of support as possible, including insurance provisions for service dogs.*  *If this application leads to acceptance into the program, I understand that false information contained within may result in my dismissal from the program.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |