

**APPLICATION FOR SERVICE DOG (Adult)**



**PLEASE PRINT CLEARLY**

**APPLICANT Information (Adults ages 18 – 60)**

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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?  
\_\_\_\_\_

Do you have children? \_\_\_\_\_ How many? \_\_\_\_\_ Are you the primary caretaker? \_\_\_\_\_

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

What is your annual family income? \_\_\_\_\_ Is this income stable? \_\_\_\_\_

On a separate sheet of paper, please describe a typical day.

Height \_\_\_\_\_ Weight \_\_\_\_\_

Activity Level (circle) Active Medium Activity Low Activity Inactive

How often are you out in public? (Circle) Most of every day Daily Occasionally Rarely

Are you able to take care of yourself without assistance? \_\_\_\_\_

If you need assistance, what kind of assistance do you need?  
\_\_\_\_\_

**SPOUSE INFORMATION**

Are you single, married, or Divorced? \_\_\_\_\_

Spouse 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 your primary diagnosis? \_\_\_\_\_

Are there additional medical problems? \_\_\_\_\_

How does this affect your daily living skills? \_\_\_\_\_  
\_\_\_\_\_

Are there restrictions or precautions as a result of your diagnosis? \_\_\_\_\_

What type of medical treatment are you currently receiving? \_\_\_\_\_

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

Have you had violent episodes in the past? \_\_\_\_\_ What triggered the episode? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_

Do you drink alcoholic beverages? \_\_\_\_\_ How many drinks per day? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you use drugs? \_\_\_\_\_

**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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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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?

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If there is an issue with one of your pets and your new Service Dog, are you prepared to re-home that pet? Yes / No

**Service Dog Information:**

The large majority of our Service Dogs are Labrador Retrievers. Is this breed a good match for you? \_\_\_\_\_

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

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

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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 have the two Reference FORMS filled out by non-family members and mailed back to us. This needs to be on the Reference form for a friend

**Medical Form for Physician**      RELEASE OF INFORMATION



I, \_\_\_\_\_, do consent and request you to supply Service Dogs Alabama with any medical and social information which may assist in determining my eligibility for a Service Dog. This information is part of the necessary data to complete my application. 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: \_\_\_\_\_

**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/stability impairment, diabetic/ seizure/ fall alert, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

**How long** have you been treating this Applicant?

\_\_\_\_\_  
What is this Applicant's **physical and mental** diagnosis?

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

\_\_\_\_\_  
In what ways do you think that a **dog could be beneficial** to the Applicant?

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

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Will this Applicant be able to **care for the needs** for his/her Service Dogs **without assistance** from others?

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Will this Applicant be able to **maintain** his/her Service Dog's **training** without assistance from others?

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Is this Applicant responsible enough to have a Service Dog in **public areas** without supervision?

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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.

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Are there any special considerations or symptoms we should be aware of in order to train a dog for this Applicant?

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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  
c/o Ashley Taylor  
4011 Hwy 31 SW  
Falkville, AL 35622**

**Any questions or concerns, please contact Ashley Taylor, by phone: 256-476-7173**

**LETTER OF REFERENCE**

\_\_\_\_\_ is applying for a Service Dog from Service Dogs Alabama. Please take a moment to fill out this form and return it to Service Dogs Alabama. 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 does the disability affect the functional abilities of this Applicant?

\_\_\_\_\_

Do you think this Applicant has the ability to care for and manage the dog without assistance from others?

\_\_\_\_\_

Do you feel that this family has the time and financial means to properly care for a working Service Dog?

\_\_\_\_\_

Have you observed this Applicant 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,  
c/o Ashley Taylor  
4011 Hwy 31 SW  
Falkville, AL 35622**

**If you have any confidential questions or concerns, please contact Ashley Taylor by phone: 256-476-7173**



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Have you observed this Applicant 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, c/o Ashley Taylor, 4011 Hwy 31 SW, Falkville, AL 35622**

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# FUNDRAISING AGREEMENT

Name (print) \_\_\_\_\_

Address \_\_\_\_\_

Recipient of Service Dog Name \_\_\_\_\_

I agree to raise 50% of the value of the Service Dog that I (or my child) will receive from Service Dogs Alabama.

Please check the type of dog that you are applying for:

- \$24,000.00 Diabetic Alert Dog or any scent detection dog. (**Type 1 diabetes only**)
- \$20,000.00 Seizure assistance dog
- \$20,000.00 Balance and/or wheelchair assistance
- \$14,000.00 PTSD intervention dog
- \$14,000.00 Autism or psychological intervention dog
- \$4,000.00 Emotional support dogs
- \$6,000.00 Facility dogs

If training is required for multiple disabilities, the Head Trainer along with the Executive Director will make a determination of the value for the type of training needed for the Service Dog which will dictate the final value of the Service Dog needed. For example, a dog trained for PTSD and seizure assistance, or a dog trained for diabetic alert and autism.

***Service Dogs Alabama agrees to match your fundraising dollars up to 50% of the value of the dog that you receive, bringing your Fundraising Goal down to half of your dog's value.***

All fundraising monies raised with the intent to receive a Service Dog must be donated to the Mission of Service Dogs Alabama if the recipient is to receive a Service Dog from Service Dogs Alabama even if the amount exceeds 50% of the value of the dog.

Once your fundraising Goals have been met (or exceeded), we will assign a dog that is already in training to you (minimizing your wait time). Once your dog has completed training, you will work with a trainer to learn how to give your dog commands, keep your dog working for you efficiently, care for your dog properly, and interact with your dog at home and in public settings.

Recipient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_