

**APPLICATION FOR SERVICE DOG (Child)**

**PLEASE PRINT CLEARLY or Save to computer in WORD and TYPE**

Date \_\_\_\_\_

**APPLICANT Information (Child)**

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

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Public or Private School or Home School? \_\_\_\_\_

Any special accommodations? \_\_\_\_\_

Child's Medical Diagnosis:

\_\_\_\_\_

Child Height \_\_\_\_\_ Child's Weight \_\_\_\_\_ Child is (circle) Active Medium Not active

**PARENT INFORMATION- Mother**

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

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

Marital Status: Single Married Re-married Divorced Separated

If married, how long? \_\_\_\_\_

Are you in the Military: \_\_\_\_\_ Please circle one: Active Medically Discharged Retired

If Medically Discharged, Diagnosis: \_\_\_\_\_

Employment: Full Time Part Time Retired Stay at Home Parent Student

If employed or a student, where? \_\_\_\_\_ How long? \_\_\_\_\_

Have you discussed having a Service Dog with your child's school?

\_\_\_\_\_

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

How do you believe a Service Dog will help your child? \_\_\_\_\_

\_\_\_\_\_



**PARENT INFORMATION- Father**

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

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

Marital Status: Single Married Re-Married Divorced Separated

If married, how long? \_\_\_\_\_

Are you in the Military: \_\_\_\_\_ Please circle one: Active Medically Discharged Retired

If Medically Discharged, Diagnosis: \_\_\_\_\_

Employment: Full Time Part Time Retired Stay at Home Parent Student

If employed or a student, where? \_\_\_\_\_ How long? \_\_\_\_\_

Have you discussed having a Service Dog with your child's school?

\_\_\_\_\_

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

How do you believe a Service Dog will help your child? \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST EMERGENCY CONTACTS**

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ May we contact? Y / N

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Child's Diagnosis (use a separate sheet of paper if more space is needed for any question)**

What is the primary diagnosis? \_\_\_\_\_

Are there other medical problems? \_\_\_\_\_

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

What are their limitations? \_\_\_\_\_

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

What type of medical/therapy treatment are they currently receiving?

\_\_\_\_\_

What medications are they taking and what are they for? \_\_\_\_\_

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

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**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

What is your family income? \_\_\_\_\_

Are you prepared for the costs associated with owning a Service Dog? \_\_\_\_\_

Who lives in the home?

Name

Age

Relationship

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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 one of your pets does not get along with your Service Dog, are you prepared to re-home your pet? YES NO

Do you agree to attend all required trainings with your Service Dog? YES NO

**Service Dog Information:**

Most of our Service Dogs are Labrador Retrievers. Will this breed fit in to your lifestyle? YES NO

What **tasks** do you think a Service Dog could do to make your child more independent?

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Other than specific tasks, how do you think a Service Dog can help him/her?

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What do the other **siblings** think of this child having their own dog?

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Will your child be able to feed, exercise, and care for a Service Dog **without assistance**? YES NO

Is your child responsible and focused enough to manage a Service Dog in public areas? YES NO

Does your child have anger control issues?(Explain) \_\_\_\_\_

Do you have any concerns about a Service Dog's **safety** when they are left alone with your child?

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Does your child want a Service Dog? \_\_\_\_\_ Why?

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Has your child ever bonded with a dog before (like a pet)? YES NO

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You will need to sign a Release with your child's school to allow us to speak with school officials. SDA will need your permission to contact the school where your child attends and ask questions regarding your child's progress with a Service Dog as well as the behaviors of the Service Dog.

References: You must have two people not related to you, complete the attached reference letters and send with your application. Service Dogs Alabama 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 Service Dogs Alabama.

By signing this Application, you agree to allow Service Dogs Alabama to use photos and stories about your child in order to select the best dog for him/her as well as promote the Mission, services, and fundraising efforts of Service Dogs Alabama.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

The next step after we receive your Application is to schedule a home visit and family interview.

Your doctor should have been seeing your child for at least one year. This allows for medical confirmation of disability as well as pertinent medical information.

The second two FORMs are Reference FORMS to be filled out by a non-family members.

Please mail all completed FORMS together with a \$25.00 non-refundable application fee to:

**Service Dogs of Alabama**  
**c/o Ashley Taylor**  
**P.O. Box 310**  
**Falkville, AL 35622**

**Medical Form for Physician      RELEASE OF INFORMATION**



**Applicant or Guardian:**

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.

Applicant's or Guardian Signature: \_\_\_\_\_

Print Guardian or Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

**FOR THE PHYSICIAN:**

**CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM**

Applicant's Name: \_\_\_\_\_

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?

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

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

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

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.

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

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. We will need it to process the application and provide services to this person.**

**Please return to the patient/ applicant or mail directly to:**

**Service Dogs of Alabama  
c/o Ashley Taylor  
P.O. Box 310  
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!

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

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Additional Comments:

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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 in the Match Funding Program.

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 pattern 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 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 \_\_\_\_\_

If you have any questions, please call Ashley Taylor at 256-476-7173