

APPLICATION FOR SERVICE DOG (Veteran)



PLEASE PRINT CLEARLY

APPLICANT Information

Name _____ DOB: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Military Branch and Rank: _____

Were you deployed? _____ Where? _____

Years in Military: _____ Please circle one: Active Medically Discharged Retired

Medical Diagnosis: _____

Employment: Full Time Part Time Retired Student Volunteer

If employed or a student, where? _____ How long? _____

If employed, have you discussed having a service dog with your Employer, and what was their response?

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? _____

Height _____ Weight _____

Activity Level (circle): Exercise daily Exercise several times a week Rarely exercise Unable to exercise

Lifestyle (circle): Out in public daily In public several times a week Rarely out Homebound

Please supply us with your discharge papers and/ or DD-214.

SPOUSE INFORMATION

Name: _____ DOB: _____ Email: _____

Phone: _____ Work: _____ Cell: _____

Employment: Full Time Part Time Retired Student

If employed or a student, where? _____ How long? _____

PLEASE LIST OTHER 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? _____

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?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

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?

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?

Other than performing tasks, how do you think a service dog can help you?

Is your family willing and able to commit to a Fundraising Goal that matches the type of service dog that you need? YES
NO

Are you willing and able to comply with all training and care requirements in the SDA Guidelines? YES NO

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. service dogs are provided with a 100% Training Guarantee.

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

Please enclose a \$25.00 non-refundable Application Fee.

Signature: _____ Date: _____

Print Name: _____

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

Attachments: Doctor's Form, two Reference Letter, Fundraising Agreement, and \$25.00 non-refundable application fee.

Please ask the doctor to mail the completed form back to us or give to you. This allows for medical confirmation of disability as well as pertinent medical opinion.

Please have the two Reference FORMS filled out by non-family members and mailed back to us.

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?

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. Please mail it to the address below or give to the Applicant to mail to us. We cannot process the application and provide services without this information.

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

If you have any confidential 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!

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c/o Ashley Taylor

PO Box 310

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 _____