



## SERVICE DOG APPLICATION

DATE: \_\_\_\_\_

### CLIENT INFORMATION:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS:  SINGLE  MARRIED  DIVORCED

DO YOU ALREADY HAVE A DOG YOU WANT TO USE?  YES  NO

### PERSONAL INFORMATION:

TYPE OF HOME:  HOUSE  APARTMENT  OTHER: \_\_\_\_\_

HOW MANY FAMILY MEMBERS LIVE IN THE HOME: \_\_\_\_\_

DO YOU HAVE A GOOD SUPPORT SYSTEM:  YES  NO

### LIST ALL PERSONS LIVING IN THE HOME:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

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NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

ARE THERE PEOPLE WHO PERIODICALLY STAY WITH YOU? (EXTENDED FAMILY, FRIENDS, AIDE, NURSE, ETC). \_\_\_\_\_ IF YES, PLEASE LIST:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M F

ARE THERE OTHER PETS IN THE HOME: \_\_\_\_\_ . IF YES, PLEASE LIST:

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

NAME: \_\_\_\_\_ SPECIES: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: M F

**LIFESTYLE INFORMATION:**

GIVE AN EXAMPLE OF A TYPICAL DAILY SCHEDULE:

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PLACES YOU FREQUENTLY GO: \_\_\_\_\_

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HOW DO YOU LEARN BEST:  LISTENING  READING  DOING

ARE YOU CURRENTLY EMPLOYED? Y N IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS.

EMPLOYER: \_\_\_\_\_

SUPERVISOR'S NAME AND PHONE NUMBER: \_\_\_\_\_

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RESPONSIBILITIES: \_\_\_\_\_

WORK SCHEDULE (DAYS / HOURS WORKED): \_\_\_\_\_

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**MEDICAL INFORMATION:**

HOW IS YOUR OVERALL HEALTH? \_\_\_\_\_  
\_\_\_\_\_

DO YOU:  DRINK ALCOHOL?  SMOKE?  TAKE ILLEGAL DRUGS?

**PHYSICIANS:**

PRIMARY PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**OTHER PHYSICIANS/THERAPISTS YOU SEE FOR YOUR DISABILITY:**

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

HAS YOUR PHYSICIAN RECOMMENDED YOU NEED A SERVICE DOG?  YES  NO

DISABILITY/DIAGNOSIS: \_\_\_\_\_

IS YOUR DISABILITY:  PROGRESSIVE  STABLE

HOW DOES YOUR DISABILITY AFFECT YOU? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL OR MENTAL LIMITATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIDE EFFECTS YOU EXPERIENCE FROM MEDICATION: \_\_\_\_\_

CURRENT THERAPIES / TREATMENTS BEING USED: \_\_\_\_\_

WILL THERE BE A THIRD-PARTY HANDLER? \_\_\_\_\_ IF YES, PLEASE LIST:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATION: \_\_\_\_\_

WHAT DO YOU NEED THE DOG TO DO FOR YOU? (TASK WORK)

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU OR YOUR  
DISABILITY? \_\_\_\_\_

By signing below, you are confirming that the information provided above is accurate, complete and up to date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Tracey Hagan, Owner/Lead Trainer  
 Certified in Family Dog Mediation, FDM  
 CPDT-KA, CBCC-KA, CSAT  
 Fear Free Certified Professional  
 859-333-3822  
[www.PawsitivePurposeK9.com](http://www.PawsitivePurposeK9.com)  
[info@pawsitivepurposek9.com](mailto:info@pawsitivepurposek9.com)

DATE: \_\_\_\_\_

Dear Dr. \_\_\_\_\_,

Your patient, \_\_\_\_\_, is hoping to train his/her own pet dog as a service dog. Service animals can be trained a wide array of behaviors to help a person with a disability. Behaviors are selected according to the individual's needs but often include retrieving dropped objects, bringing an emergency phone, and alerting a caregiver that assistance is needed. In addition to helping with activities of daily living, service dogs can help reduce fatigue, encourage people to exercise, facilitate social interaction in the community, and the presence of the dog may help reduce the owner's overall stress level.

While many people get an already trained service dog from a program, an increasing number of people with disabilities are opting to acquire and train a dog for service work themselves. Pawsitive Purpose Dog Training LLC helps people with disabilities train their own pet dog to assist them as a service dog if the dog has the appropriate temperament and behavior for this type of work. I am a CPDT-KA, CBCC-KA, CSAT, and am a Fear-Free Certified Professional Trainer. Details about my work, my expertise, my credentials, and my services are on the website at [www.pawsitivepurposek9.com](http://www.pawsitivepurposek9.com).

To ensure compliance with laws and health department regulations during the training process, I ask my clients to provide a letter of medical necessity from a licensed healthcare professional that indicates that they have a disability and require a service dog. I maintain confidentiality of my client's information. I am happy to answer any questions you may have.

Sincerely,

Tracey Hagan, Owner/Lead Trainer  
 Pawsitive Purpose Dog Training LLC