



APPLICATION FOR SERVICE DOG / SEIZURE RESPONSE DOG

Date: _____

Name: _____

Parent's Name (if under 18): _____

Address:

Telephone: (H) _____ (W) _____
(C) _____

(E-Mail) _____

PSDR Date of Birth: _____ Age: _____

Are you? _____ Male / _____ Female

Name of Nearest Relative (not living with you): _____

Relationship: _____

Phone Number(s): _____

Address: _____

Marital Status: Single _____ Married _____ Divorced _____

What is your primary disability:

What caused your disability and at what age?

Please list any secondary disabilities, if any:

Is your disability progressive? _____

What is your approximate height and weight? _____

Please check all that apply:

What are the effects of your disability?

- Hearing Impairment Speech Impairment Reduced Stamina
- Coordination Problems Limited Mobility Memory Loss
- Spasticity
- Slowed Development Vision Impairment Muscular
- Weakness
- Other: _____

Do you have any problems with:

- Allergies Chronic Pain Heightened Emotions Depression
- Skin Sensitivity Balance Brittle Bones Heat/Cold Sensitivity

Seizures- if yes, what type and **how often?**

Also, what treatments or medications are you using or have you used to control your seizures?

Do you use any of the following aids or assisting devices?

Prosthesis Leg Brace Electric Wheelchair Manual Wheelchair

Wrist Brace Hearing Aid Crutch/Cane Walker

Other: _____

Are you active in the military, a veteran, or a dependent of an active member of the military or Veteran? If yes, relationship, rank (or last rank), and stationed (or last stationed). Do you have commissary privileges?

Primary Care Physician, PT, OT and/or Other Health Professional Important to Your Care (Please list with phone numbers):

Housing: Home _____ Apartment _____ Other (Describe): _____

Yard: _____ With Solid Fence _____ With Invisible Fence _____ No Fence

Living Arrangement (Please list all those living with you. You may attach additional paper if needed):

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

Do you have an attendant? _____ Full-Time _____ Part-Time _____

Does the applicant or anyone in the household smoke? Yes No

Please describe your home and your neighborhood (i.e., quiet, lots of visiting children, close to retail/commercial, suburban, rural, lots of traffic, etc.):

Have you ever had a dog? Describe your experience with your dog:

Do other animals live with you or visit you frequently? If so, please describe (including breed, sex & age). Who is responsible for the care of these animals?

Who will assist in the daily care and training of your dog, if appropriate?

Does anyone in your household have concerns about having a service/companion dog such as allergies, fleas, shedding etc. in their home? If so, please describe:

Are you currently employed? If so, do you want your dog to assist you while at work and, if so, in what way?

Have you discussed with your employer / coworkers having a dog in the workplace? Are they supportive?

Are you currently in school? If so, do you want your dog to assist you while in school and, if so, in what way? Our dogs do not go to school unless approved by the instructor and aftercare coordinator.

Have you discussed with your principal / teachers having a dog in school? Are they supportive?

Pick **five** of the following words that would best describe the dog you would like to have.

- | | | | | |
|-------------------------------------|--------------------------------------|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> friendly | <input type="checkbox"/> slow | <input type="checkbox"/> happy | <input type="checkbox"/> slow | <input type="checkbox"/> calm |
| <input type="checkbox"/> playful | <input type="checkbox"/> smart | <input type="checkbox"/> sweet | <input type="checkbox"/> energetic | <input type="checkbox"/> responsible |
| <input type="checkbox"/> easy-going | <input type="checkbox"/> sensible | <input type="checkbox"/> dependable | <input type="checkbox"/> stable | <input type="checkbox"/> confident |
| <input type="checkbox"/> loving | <input type="checkbox"/> responsible | <input type="checkbox"/> submissive | <input type="checkbox"/> independent | <input type="checkbox"/> assertive |
| <input type="checkbox"/> attentive | <input type="checkbox"/> confident | <input type="checkbox"/> excitable | <input type="checkbox"/> dependent | <input type="checkbox"/> loving |
| <input type="checkbox"/> protective | <input type="checkbox"/> devoted | <input type="checkbox"/> communicative | <input type="checkbox"/> calm | |

Describe your means of transportation:

Please tell us a little more about yourself—hobbies, activities, clubs, interests, etc.:

We ask that all our teams participate in some form of community service. What kind of community service would be of interest to you?

Under what circumstances would you return your service dog to Mountain High Service Dogs Inc?

How do you feel a service/companion dog could improve your life? With what specific tasks would you hope a dog could help you?

Are you and an adult attendant able to attend a two-week come to Mountain High Service Dog Inc. training seminar or individual 2 week training for your dog?

What questions or concerns do you have that we may address?

Applicant's Signature: _____

Date: _____

Parent's Signature (if under 18): _____

PLEASE NOTE:

A completed application includes:

(please make a copy for yourself before you send)

- The "MHSD Service Dog Contract" document signed by you.
- The completed Application form with your signature on the last page.
- A letter of personal reference from someone, other than a family member, who knows you well.
- A professional letter of reference from a therapist, social worker, teacher or other professional with whom you have contact.
- A short autobiography and picture.
- The Medical History form signed by you and filled out/signed by your physician. **This form should be returned from your physician's office by email or fax.**