



## Assistance and Service Dog Application

Highland Canine Training, LLC  
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Harmony, NC 28634  
www.highlandcanine.com  
704.500.8281

### Personal Information *(to be completed by parent or guardian if under 18)*

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex -  Male  Female Height  
\_\_\_\_\_ ' \_\_\_\_\_ " Weight \_\_\_\_\_ lbs.

Parent/Guardian Name(s) \_\_\_\_\_

School Name \_\_\_\_\_  Public  Private  Other  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_  
How many hours per week are you in school?

### Medical Information *(to be completed by parent or guardian if under 18)*

Doctor Name \_\_\_\_\_  
Office Name *(if applicable)* \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_  
Age at Time of Diagnosis \_\_\_\_\_  
Secondary Diagnosis \_\_\_\_\_

Please describe the most significant symptoms of the illness and how it affects you:

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(Attach sheet if necessary)

Check any and all medical problems that apply to you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Fainting             | <input type="checkbox"/> Visual Impairment  |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Alcohol or Drug Dependency | <input type="checkbox"/> Heart Disease        | <input type="checkbox"/> Seizures           |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Seizures             | <input type="checkbox"/> Stability Problems |
| <input type="checkbox"/> Allergies: _____           | <input type="checkbox"/> Psychiatric Problems | <input type="checkbox"/> Other: _____       |

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Do you have any cognitive difficulties (such as memory problems, inability to concentrate, etc.) that would affect your ability to manage a service dog?  YES  NO

If so, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would any of your current medications impair your ability to manage a service dog or impact learning how to work with your dog?  YES  NO

If so, describe. \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate future surgery or hospitalization for any reason?  YES  NO

If so, explain. \_\_\_\_\_  
\_\_\_\_\_

Do you require the assistance of an aide or family member for daily living skills?  YES  NO If so, list the responsibilities of each individual

Name	Daily Hours	General Duties	Telephone

Are they willing to assist with the daily care of a service dog, if needed?  YES  NO

How many hours per week are you in therapies? \_\_\_\_\_

What types of therapies are you currently involved in (including special programs in school)?

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Is mobility limited?  YES  NO

If so, how? \_\_\_\_\_

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Do you use a wheelchair?  YES  NO

If so,  Electric  Manual

Do you use any other mobility aides?  YES  NO

If so, what? \_\_\_\_\_

Will you want your dog to help support you while you are walking or getting up?  YES  NO

If so, describe. \_\_\_\_\_

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Is one side of your body stronger than the other?  YES  NO

If so,  Left  Right

On which side would you want the dog to work most of the time? (Example: If you are right-handed, it is common for the dog to be trained to work on your left so your right hand can be free from leash, etc.)

However, this can change based on stability needs, etc.)  Left  Right

Why? \_\_\_\_\_

Are you restricted in the use of your hands or arms?  YES  NO

If so, describe. \_\_\_\_\_

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On a scale of 1-5 (1 = poor, 5= excellent), describe your:

<i>Upper body strength</i>	1	2	3	4	5
<i>Range of motion</i>	1	2	3	4	5
<i>Grip strength</i>	1	2	3	4	5
<i>Dexterity</i>	1	2	3	4	5

Are you able to issue hand signals?  YES  NO

Do you have spasms in your arms or legs?  YES  NO

If so, how quickly do they pass? \_\_\_\_\_

Do you bruise easily?  YES  NO

Could a dog put his front legs up on your lap without hurting you?  YES  NO

Are you able to issue voice commands in a clear, audible voice?  YES  NO

**Lifestyle Information**(to be completed by parent or guardian if under 18)

You currently reside in a  house  apartment  duplex  Other \_\_\_\_\_

Your residency currently has a  fenced yard  enclosed area  Other \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Please list other persons living in your home.

Name	Relation	Sex – M or F	Date of Birth

Have you ever owned a dog?  YES  NO

Do you have any current pets?  YES  NO

Species	Breed	Name	Age	Sex

Is anyone in your home allergic to dogs or pet dander?  YES  NO

If so, describe. \_\_\_\_\_

Describe your general daily schedule.

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When do you get out of bed in the morning? \_\_\_\_\_

When do you retire in the evening? \_\_\_\_\_

On a scale of 1-5 (1 = low, 5= high), describe your:

<i>Activity Level</i>	1	2	3	4	5
<i>Anxiety</i>	1	2	3	4	5
<i>Independence</i>	1	2	3	4	5
<i>Time Outside House</i>	1	2	3	4	5

**Service Dog Requirements**(to be completed by parent or guardian if under 18)

Have you previously owned a service or assistance dog?  YES  NO

If so, explain. \_\_\_\_\_

Do you have any experience working with animals?  YES  NO

If so, explain. \_\_\_\_\_

Describe the ways you believe a service dog can assist you.

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After receiving your service dog, what are your hopes, goals, and fears?

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Where will the dog exercise and have playtime? \_\_\_\_\_

Where will the dog be taken for toilet requirements? \_\_\_\_\_

How much exercise, on average, do you think a dog needs per day? \_\_\_\_\_

Describe your definition of exercise. \_\_\_\_\_

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Who will help you with the dog's care if you are sick and cannot get outside:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Proximity to your home \_\_\_\_\_

Do you have any concerns regarding owning a service dog?  YES  NO

If so, describe. \_\_\_\_\_  
\_\_\_\_\_

Are you willing to participate in ongoing training sessions after receiving a service dog?

YES  NO

Will your family accept a trained dog as an equal partner in your house?  YES  NO

The information on this application is correct to the best of my knowledge. I understand that this preliminary application is required to be eligible for an application package which will determine my suitability for a service dog. \_\_\_\_\_ (initials)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_