Service Dog Application (Adult)

Highland Canine Training, LLC
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704.500.8281

1) Applicant Information (Required to be completed fully)

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.

College/University Name *(if applicable)* _____

Street Address _____

City _____ State _____ Zip _____

Office phone (___) _____ - _____ County _____ District _____

How many hours per week is are you in school? _____

Do you plan to take your Service Dog to school with you? Y/N

Employer: Business Name *(if applicable)* _____

Street Address _____

City _____ State _____ Zip _____

Office phone (___) _____ - _____ Work hours _____

Do you plan to take your service dog to work with you? Y/N

2) Medical Information (Required to be completed fully)

Doctor Name/Specialty_____

Office Name (*if applicable*) _____

Street Address _____

City _____ State _____ Zip _____ Office phone (___) _____ - _____

Primary Diagnosis _____

Age at Time of Diagnosis _____

Secondary/Tertiary Diagnosis _____

_____

Please describe the most significant symptoms of your disability/illness and how it affects you (*attach separate sheet if necessary*):

_____

_____

_____

_____

_____

Check any and all medical problems that apply:

☐ Arthritis
☐ Asthma
☐ Alcohol or Drug Dependency
☐ Diabetes
☐ Fainting
☐ High Blood Pressure
☐ Heart Disease
☐ Visual Impairment
☐ Other _____

List any allergies (food, animals, material, etc.) _____

_____

_____

List medications (dosage and frequency): _____

_____

_____

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 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 _____

_____

_____

Do you have any visual difficulties (such as degraded peripheral vision, lack of vision in one eye, etc.) that would affect your ability to manage a service dog? ☐ YES ☐ NO
If so, describe _____
_____
_____

Do you have any speech difficulties that would affect your ability to manage a service dog?
☐ YES ☐ NO
If so, describe _____
_____
_____

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

What types of therapies are you currently involved in? _____
_____
_____
_____
How many hours per week are you in therapies? _____

Do you anticipate future surgery or hospitalization for any reason? ☐ YES ☐ NO
If so, explain. _____
_____

Has there been any life changing events that has happened in the last 6 month? ☐ YES ☐ NO
If yes, explain
_____
_____

Do you anticipate any life changing events in the next year? ☐ YES ☐ NO

If yes, explain

_____

_____

a) Are you diagnosed with Autism/Downs Syndrome (if no, go to next section)

Please indicate any of the following conditions that may apply.

0 = Not Applicable, 1 = mild, 10 = severe

Also please indicate how often the occur.

N=Never, AN=Almost never, M=Monthly, W=Weekly, D=Daily, S=Multiple times a day

												How often
Panic Attacks	0	1	2	3	4	5	6	7	8	9	10	_____
Violence to your Self	0	1	2	3	4	5	6	7	8	9	10	_____
Violence to Others	0	1	2	3	4	5	6	7	8	9	10	_____
Violence to Property	0	1	2	3	4	5	6	7	8	9	10	_____
Mood Swings	0	1	2	3	4	5	6	7	8	9	10	_____
Hallucinations	0	1	2	3	4	5	6	7	8	9	10	_____
Nightmares	0	1	2	3	4	5	6	7	8	9	10	_____
Night Awakenings	0	1	2	3	4	5	6	7	8	9	10	_____
Racing Thoughts	0	1	2	3	4	5	6	7	8	9	10	_____
Medication Side Effects	0	1	2	3	4	5	6	7	8	9	10	_____
Distractibility	0	1	2	3	4	5	6	7	8	9	10	_____
Suicidal Behaviors	0	1	2	3	4	5	6	7	8	9	10	_____
Self-stimulating Behaviors	0	1	2	3	4	5	6	7	8	9	10	_____
Disassociation	0	1	2	3	4	5	6	7	8	9	10	_____
Impulsivity	0	1	2	3	4	5	6	7	8	9	10	_____
Poor Judgment	0	1	2	3	4	5	6	7	8	9	10	_____
Self-care Deficits	0	1	2	3	4	5	6	7	8	9	10	_____
Managing Environment	0	1	2	3	4	5	6	7	8	9	10	_____
Difficulty Completing Tasks	0	1	2	3	4	5	6	7	8	9	10	_____

Please describe any of the behaviors or conditions listed above, if necessary.

_____

_____

_____

_____

_____

b) Do you have mobility/stability issues (if no, go to next section)

Are you limited in your mobility? ☐ YES ☐ NO

If so, how? _____

_____

Do you use a wheelchair? ☐ YES ☐ NO If yes: ☐ Electric type: _____ ☐ 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 _____

_____

Is one side of your body stronger than the other? ☐ YES ☐ NO Which side ☐ Left ☐ Right

On which side would you want the dog to work most of the time? (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.)

☐ Left ☐ Right

Why? _____

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

If so, describe _____

_____

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

Upper body strength	1	2	3	4	5
Range of motion	1	2	3	4	5
Grip strength	1	2	3	4	5
Dexterity	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

c) Do you experience seizures (if no, go to next section)

What type of seizures do you have? _____

_____

How often does seizure activity happen? _____

Describe what the seizures look like _____
_____

Do you expect the dog to be trained for seizure alert and/or assistance? ___ Yes ___ No
If so, describe how you see the dog helping? _____
_____
_____
_____

d) Are you hard of hearing or have hearing loss (if no, go to next section)

Describe the extent of your hearing loss (full, partial, both ears, one ear L/R, etc.)
_____
_____

Do you use any hearing aids? Yes/No If Yes, which types _____
_____
To what sounds would you like your dog to alert to? _____
_____

Are you able to give verbal commands? Yes/No
Would you like your dog to be trained on verbal or hand signals? Verbal/Hand Signals

e) Do you have psychiatric issues (if no, go to next section)

What are your triggers? _____
_____

Are there any indications (either verbal or visual) that you do before having a panic attack, anxiety, night terrors, etc. (e.g. rubbing thighs, scratching head, hyperventilating, etc.)?
If yes, please describe _____
_____
_____
_____

Please indicate any of the following conditions that may apply.

0 = Not Applicable, 1 = mild, 10 = severe

Also please indicate how often the occur.

N=Never, AN=Almost never, M=Monthly, W=Weekly, D=Daily, S=Multiple times a day

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Difficulty Completing Tasks	0	1	2	3	4	5	6	7	8	9	10	_____

Please describe any of the behaviors or conditions listed above, if necessary.

_____

_____

_____

_____

_____

3) Lifestyle Information (Required to be completed fully)

I currently reside in a ☐ House ☐ Apartment ☐ Duplex ☐ Other _____

Your residence currently has ☐ fenced yard ☐ enclosed area ☐ Other _____

With whom do you live? _____

Other people in home:

Name	Sex	Date of Birth	Relationship

Do you have any current pets?

Species	Breed	Name	Age	Sex

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

If yes, Whom_____

Where do you currently sleep? _____
What size is your bed (King, Queen, etc.)? _____
How high off the floor is your bed (in feet)? _____
Where in the room will the Service dog be sleeping (in bed, on floor, in crate, etc.) _____
Will the dog be allowed on the furniture/bed? Y/N
When do you get out of bed in the morning? _____
What time do you retire? _____
What type of recreational activities do you do and how often? _____
_____
_____
_____

Where do you like to go out in public? _____
_____
_____
_____

Do you see yourself travelling a lot with your service dog? ☐ YES ☐ NO
What type of transportation do you see using (e.g. plane, car, bus, etc. please be specific with the frequency of each)_____
_____
_____
_____

4) Service Dog Requirements (Required to be completed fully)

How do you see a service dog helping you?

_____
_____
_____
_____
_____

Do you have a preference for a dog breed? ☐ YES ☐ NO
If yes, which breed/type (e.g. Hypoallergenic, Labrador, etc.) and why?

_____

Have you ever owned a dog in the past? ☐ YES ☐ NO
Who was responsible for the dog's training?

_____

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. _____
_____

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

_____
_____
_____

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. _____
_____
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 or housemates accept a trained dog as an equal partner in your house?
☐ YES ☐ NO

Please include any additional information that may be important for us to know.
_____
_____
_____
_____
_____
_____
_____

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 a packet application which will determine my suitability for a service dog. _____ (initials)

Applicant Signature _____ Date _____
Print Name _____