



## Service Dog Application (Child)

Highland Canine Training, LLC

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### 1) Parent/Guardian Information (Required to be completed fully)

Name \_\_\_\_\_ Parent/Guardian (please circle)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Occupation \_\_\_\_\_

Name \_\_\_\_\_ Parent/Guardian (please circle)  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Other ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email Address \_\_\_\_\_  
Preferred method of contact \_\_\_\_\_  
Occupation \_\_\_\_\_

### 2) Child Information (Required to be completed fully)

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex -  Male  Female  
Height \_\_\_\_\_' \_\_\_\_\_" Weight \_\_\_\_\_ lbs.

School (*if applicable*) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office phone ( \_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_ District \_\_\_\_\_  
How many hours per week is your child in school? \_\_\_\_\_  
Do you plan to have your child (or an aide) take the Service Dog to school with him/her?  
 YES  NO If yes, which one: Child or Aide \_\_\_\_\_

Doe your child spend time (i.e. weekends, alternating weeks, summers, etc.) outside of the primary household?  YES  NO

If Yes, how often and where?

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### 3) 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 child's disability/illness and how it affects him/her (attach separate sheet if necessary):

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Check any and all medical problems that apply to your child:

- |   |  |
|---|--|
| <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Fainting            |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Alcohol or Drug Dependency | <input type="checkbox"/> Heart Disease       |
| <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Visual Impairment   |
| <input type="checkbox"/> Other _____                |  |

List any allergies (food, animals, material, etc.) \_\_\_\_\_

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List medications (dosage and frequency): \_\_\_\_\_

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

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

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

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

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Does your child 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 \_\_\_\_\_

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Does your child have any speech difficulties that would affect your ability to manage a service dog?  YES  NO

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

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Does your child require the assistance of an aide or family member for daily living skills?  YES  
 NO If yes, 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 is your child currently involved in? \_\_\_\_\_

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How many hours per week is he/she in therapies? \_\_\_\_\_

Do you anticipate future surgery or hospitalization for any reason for your child?  YES  NO  
If so, explain. \_\_\_\_\_

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

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Do you anticipate any life changing events in the next year?  YES  NO  
If yes, explain

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Are there any limitations of either parent/guardian that would hinder handling of a service dog (medical, job requirements, etc.)?  YES  NO  
If yes, explain \_\_\_\_\_

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**a) Is your child 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 they occur.

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

	0	1	2	3	4	5	6	7	8	9	10	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	_____
Child Bolts or Wanders Away	0	1	2	3	4	5	6	7	8	9	10	_____

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

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**b) Does your child have mobility/stability issues (if no, go to next section)**

Limited in mobility?  YES  NO

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

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Does your child use a wheelchair?  YES  NO If yes:  Electric type: \_\_\_\_\_  Manual

Does your child use any other mobility aides?  YES  NO

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

Will you want the service dog to help support them while they are walking or getting up?

YES  NO

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

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

Which side  Left  Right

Is your child restricted in their use of your hands or arms?  YES  NO

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

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

<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

Is your child able to issue hand signals?  YES  NO

Does your child have spasms in your arms or legs?  YES  NO

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

Does your child bruise easily?  YES  NO

Could a dog put his front legs up on your child's lap without hurting them?  YES  NO

Is your child able to issue voice commands in a clear, audible voice?  YES  NO

### **c) Does your child experience seizures (if no, go to next section)**

What type of seizures does your child 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) Is your child hard of hearing or have hearing loss (if no, go to next section)**

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

Does your child use any hearing aids?  YES  NO

If Yes, which types \_\_\_\_\_  
\_\_\_\_\_

To what sounds would you like your dog to alert to? \_\_\_\_\_  
\_\_\_\_\_

Is your child able to give verbal commands?  YES  NO

Would you like your dog to be trained on verbal or hand signals?  Verbal  Hand Signals

**e) Does your child have psychiatric issues (if no, go to next section)**

What are the triggers? \_\_\_\_\_  
\_\_\_\_\_

Are there any indications (either verbal or visual) that your child does 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.

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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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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	_____
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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.

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### 3) Lifestyle Information (Required to be completed fully)

We currently reside in a  House  Apartment  Duplex  Other \_\_\_\_\_

Your residence currently has  fenced yard  enclosed area  Other \_\_\_\_\_

With whom does your child 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 does your child currently sleep? \_\_\_\_\_

Where do you want your child to sleep? \_\_\_\_\_

What size is your child's bed (King, Queen, etc.)? \_\_\_\_\_

How high off the floor is your child's 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?  YES  NO

If no, why? \_\_\_\_\_

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

What time do you retire? \_\_\_\_\_

What type of recreational activities do you and your child do and how often? \_\_\_\_\_

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Where do you and your child like to go out in public? \_\_\_\_\_

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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) \_\_\_\_\_

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

Who will be the primary handler of the service dog (does not have to be one person) \_\_\_\_\_  
\_\_\_\_\_

How do you see a service dog helping your child?

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

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 \_\_\_\_\_

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? \_\_\_\_\_

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.

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

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 \_\_\_\_\_