

DOGS OF GREAT SERVICE, INC.

**Application for a Service Dog
From
Dogs Of Great Service**

DOGS OF GREAT SERVICE, INC.

Note: Dogs Of Great Service reserves the right at any point in the process and at our sole discretion to not place a service dog if we feel the placement would not be beneficial. If you have any questions, please contact us at 803-514-8405.

I acknowledge that Dogs Of Great Service reserves the right in its sole discretion to not place a service dog with me (or my legal guardian) if it feels the placement would not be beneficial to both parties.

Applicant's Name (printed): _____

State: _____

Applicant or legal guardian (signature): _____

Date: _____

**Dogs Of Great Service
1482 Wire Road
Aiken, SC 29805
803-643-7501**

(Please make a copy of this document for yourself and return the original with your application.)

APPLICATION FOR A SERVICE DOG
From Dogs Of Great Service

Date: _____

Name: _____

Parent's Name (if under 18): _____

Address: _____

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

(E-Mail) _____

County _____

Date of Birth: _____ Age: _____

Male () or Female ()

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?

- Deafness Speech Impairment Reduced Stamina Hearing Loss
- 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 and have commissary privileges? If yes, relationship, rank (or last rank), and stationed (or last stationed).

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 Fence _____ Without Fence _____

Living Arrangement (Please list all those living with you):

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

Nearest relative (not living with you): Name _____

Address: _____

Phone (s): _____

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

Attendant's routine duties on your behalf: _____

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 in their home? If so, please describe those concerns:

Are you (or anyone in your household) allergic to dogs? _____

Are you currently employed? If so, do you want your dog to assist you while at work? In what capacity?

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

Are you currently in school? If so, do you expect your dog to assist you while in school? In what capacity?

Have you discussed with your principal / teachers having a dog in school? Are they supportive? What are their main concerns?

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

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

Pick **five** of the following words that would describe traits you would **not** like to have in a dog.

- | | | | | |
|----------------------------------|---------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted | <input type="checkbox"/> slow | <input type="checkbox"/> calm |
| <input type="checkbox"/> playful | <input type="checkbox"/> manipulative | <input type="checkbox"/> stubborn | <input type="checkbox"/> protective | <input type="checkbox"/> resistant |
| <input type="checkbox"/> jealous | <input type="checkbox"/> fearful | <input type="checkbox"/> excitable | <input type="checkbox"/> assertive | <input type="checkbox"/> submissive |
| <input type="checkbox"/> joking | <input type="checkbox"/> foolish | <input type="checkbox"/> dependent | <input type="checkbox"/> no-nonsense | |

What are your current modes of transportation? (Automobile, taxi, bus, train, subway, etc?)

Do you expect to take flights with your service dog? _____

Have you applied to other service dog organizations and been denied? If so, which one(s)? _____

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

Professional Reference: Name _____

Phone: _____ Email: _____

Personal Reference: Name _____

Phone: _____ Email: _____

Applicant's Signature: _____ Date: _____

Guardian's Signature (if under 18): _____

Guardian's Name (Printed): _____