



Application for:  
**Service Dog Program**

Handi-Dogs, Inc.  
 75 S. Montego Drive Tucson AZ 85710  
 520-326-3412  
 service@handi-dogs.org

All required forms must be returned before your consultation (\$15) will be scheduled. Please contact us if you need assistance with filling out this form.

- \$15 Non-Refundable Consultation Fee     Completed Application (this form)     Physician Statement  
 Veterinarian Report     Proof of Rabies Vaccination = *A Rabies Certificate issued by a Veterinarian OR the dog's Pima County AZ License with Expiration Date*

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

If under age 18, Name of Parent/Guardian \_\_\_\_\_

Are you a U.S. Veteran? .....  Yes .....  No

Preferred Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work  Other

Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Cell  Home  Work  Other

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever been convicted of a felony? .....  No .....  Yes — If Yes, please explain:

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

Have you ever been convicted of animal abuse or animal cruelty? .....  No .....  Yes — If Yes, please explain:

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

**YOUR DISABILITY**

A disability is a physical or mental impairment that substantially limits one or more of you major life activities, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. What is the nature of your disability/medical condition?

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In what ways does your disability/medical condition limit your major life activities?

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At what age were you disabled or diagnosed? \_\_\_\_\_ Is your disability progressive? ...  Yes ...  No

**In your daily living, do you have difficulties with:**

- \_\_\_\_\_ Hearing Impairment    ...  Mild/Moderate    ...  Severe    ...  Profound
- \_\_\_\_\_ Visual Impairment (even with glasses or contact lenses)
- \_\_\_\_\_ Mobility                      \_\_\_\_\_ Coordination                      \_\_\_\_\_ Chronic Pain                      \_\_\_\_\_ Anxiety
- \_\_\_\_\_ Balance                      \_\_\_\_\_ Dizziness                      \_\_\_\_\_ Memory Loss                      \_\_\_\_\_ Social Anxiety
- \_\_\_\_\_ Bending Over                      \_\_\_\_\_ Seizures                      \_\_\_\_\_ Disorientation                      \_\_\_\_\_ Social Phobia
- \_\_\_\_\_ Muscle Weakness                      \_\_\_\_\_ Cognitive Delay                      \_\_\_\_\_ Depression                      \_\_\_\_\_ Panic Attacks
- \_\_\_\_\_ Brittle Bones                      \_\_\_\_\_ Speech Delay                      \_\_\_\_\_ Crying Spells                      \_\_\_\_\_ Nightmares

**Do you use any assistive equipment?**

- \_\_\_\_\_ Electric Wheelchair/Scooter ...  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Manual Wheelchair .....  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Walker .....  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Cane .....  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Prosthesis .....  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Portable Oxygen .....  Always .....  Sometimes .....  Likely will need in the future
- \_\_\_\_\_ Other \_\_\_\_\_ .....  Always ....  Sometimes
- \_\_\_\_\_ None

**What other treatments do you use to help you with your disability / medical condition?**

- \_\_\_\_\_ Medication                      \_\_\_\_\_ Support Group(s)                      \_\_\_\_\_ Occupational Therapy
- \_\_\_\_\_ Physical Therapy                      \_\_\_\_\_ Professional Counseling                      \_\_\_\_\_ Other \_\_\_\_\_

**Do any medications you take affect your:**

\_\_\_\_\_ Mood      \_\_\_\_\_ Memory      \_\_\_\_\_ Alertness      \_\_\_\_\_ Balance

If Yes, does this affect you more during ..... Mornings ..... Midday ..... Evening ..... Varies

**Have you informed or discussed your application for service dog training with your key care professionals?**

Primary Care Physician ..... Yes ..... No ..... Not Applicable

Occupational or Physical Therapist ..... Yes..... No ..... Not Applicable

Counselor/Mental Health Therapist ..... Yes..... No ..... Not Applicable

Teacher/School ..... Yes..... No ..... Not Applicable

Caregiver(s) ..... Yes..... No ..... Not Applicable

Other \_\_\_\_\_ ..... Yes..... No ..... Not Applicable

**YOUR LIFESTYLE**

Tell us about your hobbies, interests, recreation, entertainment, or other activities you may do regularly, at or away from your home:

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How frequently do you leave your home?

Daily       Several times a week       Once a week       Only when I have to

How do you envision a Service Dog changing your life? \_\_\_\_\_

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What transportation will you be using to attend lessons? \_\_\_\_\_

Are you employed? ... No ... Yes: Occupation \_\_\_\_\_

Do you work ... Part-time... Full-time...  Days...  Evenings...  Weekdays...  Saturdays... Sundays

Are you currently a student? ... No...  Yes: Grade & Goal \_\_\_\_\_

Education ... Less than Grade 12 ... High School ... Some College or AA ... BA/BS ... Graduate School

**YOUR HOUSING & HOUSEHOLD MEMBERS**

Do you live in a ... House... Apartment/Condo... Mobile Home ...Other: \_\_\_\_\_

If you rent or lease, does your housing provider know you have a dog? ... No ... Yes

Has your housing provider expressed any concerns about you having a dog? ... No ... Yes: Explain:

\_\_\_\_\_

Do you live in a ... City/Urban Area ... Suburban Neighborhood ... Rural Area

Do you have a fenced yard or outdoor enclosure? ... No ... Yes: Please describe the general size, fencing, & ground cover:

\_\_\_\_\_

Other Adults in your home & relationship: \_\_\_\_\_

# of Children in your home & ages \_\_\_\_\_

Do you have a caregiver(s)? ... No ... Yes: Describe \_\_\_\_\_

Does anyone in your household have concerns about this dog being trained as your service dog?

No ... Yes: Describe \_\_\_\_\_

List any other pets in your home, including species & ages: \_\_\_\_\_

\_\_\_\_\_

Who is responsible for the care of these other pets? \_\_\_\_\_

### **THE DOG YOU WILL BE TRAINING AS YOUR SERVICE DOG**

Dog's Name \_\_\_\_\_ Size (pounds) \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

\*Veterinarian \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

\*From your home, where is the closest emergency veterinarian? \_\_\_\_\_

*\*You must have a relationship with a veterinarian in Tucson/Southern AZ, even if you live elsewhere part of the year.*

How long have you had this dog? \_\_\_\_\_

Where did you get it (shelter, breeder, etc.)? \_\_\_\_\_

Is this your first dog? ... Yes ... No \_\_\_\_\_

Who does the dog belong to? ... Me ... Family ... Roommate ... Partner ... Other: \_\_\_\_\_

Why did you choose this dog? \_\_\_\_\_

Who is responsible for taking care of this dog?

	Me	I Share With (describe):	Another Person (describe):
Feeding			
Exercising			
Grooming			
Toileting			
Giving Medications or Treatments			

If you are hospitalized, who will be responsible for taking care of this dog? \_\_\_\_\_

This dog spends the majority of his time ...  Inside ...  Outside

What type of exercise does this dog get each day? \_\_\_\_\_

How does this dog interact with or behave around the following:	Quiet	Timid	Calm Confident	Excitable	Unruly Pushy	Stubborn	Aggressive
Other people in your household							
Other pets in your household							
Other dogs							
Men							
Women							
Babies/Toddlers							
Children							

List your dog's fears, if any: \_\_\_\_\_

Has this dog had previous training? ...  No ...  I don't know ...  Yes: Describe \_\_\_\_\_

For public access rights, a service dog must be **trained to do work or perform trained tasks** that assist you with your disability. **Without including emotional support or companionship**, what **tasks** do you think your dog can do (with training) to help you?

Are you currently taking your dog with you to stores or restaurants? ...  No ...  Yes

If Yes, describe: \_\_\_\_\_

To what places do you think your service dog will need to go with you? \_\_\_\_\_

**SERVICE DOG TRAINING PROGRAM**

**I understand that:**

- ...It takes an average of 12-18 months to complete the program.
- ...I must attend a minimum of four (4) lessons every month (6 is recommended).
- ...There will be a minimum of two (2) lessons in my home (home lessons must be completed prior to advancing to certain levels);
- ...I must practice what I learn in regular daily training sessions with my dog.
- ...I must make an on-going commitment to maintaining my dog's training after completion of the program.
- ...I must ensure that my dog is healthy and well-groomed.

What specific difficulties might you have with any of these requirements? \_\_\_\_\_

What will you do to overcome these difficulties? \_\_\_\_\_

Do you have any suggestions for how we can accommodate your specific difficulties? \_\_\_\_\_

Handi-Dogs, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, familial or marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If applicant is under age 18, Parent/Guardian must sign below:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, recordkeeping, and billing. However, such information may only be accessed on a need-to-know basis. Need-to-know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.