



- Hearing Dogs
- Mobility Dogs
- Seizure Dogs
- Education/Advocacy
- Companion Dogs
- Foster Trainers
- Facility Dogs

APPLICATION FOR ASSISTANCE

NAME: _____

ADDRESS: _____

PHONE NO: _____

OTHER CONTACT: _____

EMERGENCY CONTACT: _____

EMPLOYER CONTACT: _____

HOUSING CONTACT: _____

FAMILY CONTACT: _____

TYPE of ASSISTANCE SOUGHT:

___ EDUCATION OF RIGHTS ___ ADVOCACY FOR SELF ___ SERVICE ANIMAL ID CARD

___ OBTAINING A SERVICE ANIMAL: ___ FOR SELF ___ FOR SOMEONE ELSE

___ TRAINING: ___ FOR SELF ___ FOR SOMEONE ELSE ___ FOR GROUP/ORGANIZATION

___ MAINTAINING A TEAM: ___ BOND ___ HEALTH ___ GROOMING ___ TRAINING

WHO ARE YOU REPRESENTING?

- ___ INDIVIDUAL
- ___ COMMUNITY
- ___ PUBLIC SCHOOL
- ___ PRIVATE SCHOOL
- ___ PRIVATE BUSINESS
- ___ LAW ENFORCEMENT
- ___ NON PROFIT ORGANIZATION



WHAT ARE YOUR EDUCATION NEEDS?

- ON SITE DEMO _____
- IN HOME DEMO _____
- VIDEO SHOWING _____
- WRITTEN MATERIALS _____
- CLASSROOM INSTRUCTION _____
- PUBLIC ACCESS DEMONSTRATIONS _____
- HOW MUCH TIME HAVE YOU ALLOCATED _____

WE DO NOT PROVIDE CERTIFICATION OR PROOF OF THE FOLLOWING:
A CLIENT'S DISABILITY
THE TRAINING OF ANOTHER PROGRAM'S SERVICE ANIMAL

