



Application for:  
**Matching Program**

Ability Dogs of Arizona  
75 S. Montego Drive Tucson AZ 85710  
520-326-3412  
contact@handi-dogs.org

**All required forms must be returned before your consultation is scheduled. Please contact us if you need assistance with the forms. Completion of forms is not a guarantee of acceptance into the program.**

- Application (this form)
- Physician's Statement and/or Mental Health Report
- \$30 Non-Refundable Consultation Fee (can be paid at the Consultation)

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(applicant is the person with the disability who will be using the dog)

Address \_\_\_\_\_

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

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

Relationship 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 your 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 plan to get a dog? ...  No ...  Yes

Does your landlord/HOA have any size/breed restrictions and/or has your housing provider expressed any concerns about you having a dog? ...  Not Applicable ...  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 you getting a dog to train 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**

Will this be your first dog? ...  Yes ...  No \_\_\_\_\_

If you already have a veterinarian identified for your new dog, please list the information below.

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

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

**Who will be responsible for taking care of this dog?**

	<b>Me</b>	<b>I Will Share With (describe):</b>	<b>Another Person (describe):</b>
Feeding			
Exercising			
Grooming			
Toileting			
Giving Medications or Treatments			

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

The dog will spend the majority of his time ...  Inside ...  Outside

What type of exercise will the dog get each day? \_\_\_\_\_

Have you ever trained a dog before? ...  No ...  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 a dog can do (with training) to help you?

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

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

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

## **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 these requirements? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

## **FINANCIAL SELF-ASSESSMENT**

Service dogs are working dogs, and Ability Dogs of Arizona requires that they receive optimal care. Please review these examples of the types of expenses that will be your responsibility. By signing this application form, you acknowledge that you can afford these expenses.

**Purchase Price of the Dog** \$3,000

**Training Fees** \$260/month until you are certified (6-18 months; plan for 12 months)

**Food and Treats** \$40-100 month. Will be higher if the dog develops food allergies.

### **Routine Health Care**

Vaccinations \$40-80 year (mandatory)

Health Check \$60-100 year (mandatory)

Heartworm Testing \$30 annual

Heartworm Preventative \$6-10 month

Internal Parasite screening (fecal) \$35 annual or as needed

Anal Gland Expression (if you do not do it yourself) \$20 as needed

Nail Trim (if you do not do it yourself) \$20 as needed

**Routine Dental Care**

Dental Chews, Toothpaste/Brushes \$10-20/month  
Cleaning — \$400 minimum

**Veterinary Treatment for Illnesses or Injuries \$60-6,000+**

Common examples are torn dew claws, dog bites, cuts, swallowing objects or bones, trauma, unexplained limping, lethargy, loss of appetite, cancer, Valley Fever. Costs will include:  
Diagnostics (Laboratory tests, x-rays)  
Treatments (surgery and after care, temporary medications, on-going medications)

**County License \$20/year**

**Dog Boots (mandatory), Leashes, Collars, Harnesses \$70-130**

**Other** typical expenses can include Toys, Bedding, Grooming (DIY supplies or paying a groomer).

**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.

Ability Dogs of Arizona 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.