



Application for:
Service Dog Program

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

All required forms must be returned before your consultation (\$30) will be scheduled. Please contact us if you need assistance with filling out this form.

- Input fields for \$30 Non-Refundable Consultation Fee, Completed Application, Physician Statement, Veterinarian Report, and Proof of Rabies Vaccination.

Date _____

Name _____ Date of Birth (Applicant) _____

Address _____

City _____ ST _____ Zip _____

If under age 18, Name of Parent/Guardian _____

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

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?

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

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:

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? _____

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 your dog? (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 be trained to do 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 (six 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? _____

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.

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.