



Service Dog Application

Highland Canine Connect, nonprofit
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Harmony, NC 28634
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704.728.9494

Applicant Information

Name _____

Street Address _____

City _____ State _____ Zip _____

Home phone (____) _____ - _____ Cell (____) _____ - _____ Other (____) _____ - _____

Email Address _____

Preferred method of contact _____

Date of Birth _____ Sex - Male Female

Height _____' _____" Weight _____ lbs.

Parent/Guardian Name(s) _____

School Name _____ Public Private Other

Street Address _____

City _____ State _____ Zip _____

Office phone (____) _____ - _____ County _____ District _____

How many hours per week are you in school? _____

Doctor Name _____

Office Name (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Office phone (____) _____ - _____

Annual Household Income (check one):

- | | |
|--|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$50,000 - \$74,999 |
| <input type="checkbox"/> \$20,000 - \$34,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> Over \$100,000 |

Medical Information (to be completed by parent or guardian if under 18)

Primary Diagnosis _____

Age at Time of Diagnosis _____

Secondary Diagnosis _____

Please describe the most significant symptoms of the illness and how it affects you:

_____ (Attach sheet if necessary)

Check any and all medical problems that apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Alcohol or Drug Dependency | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stability Problems |
| <input type="checkbox"/> Allergies: _____ | <input type="checkbox"/> Psychiatric Problems | <input type="checkbox"/> Other: _____ |

Do you have any cognitive difficulties (such as memory problems, inability to concentrate, etc.) that would affect your ability to manage a service dog? YES NO

If so, describe. _____

Would any of your current medications impair your ability to manage a service dog or impact learning how to work with your dog? YES NO

If so, describe. _____

Do you anticipate future surgery or hospitalization for any reason? YES NO

If so, explain. _____

Do you require the assistance of an aide or family member for daily living skills? YES NO
If so, list the responsibilities of each individual

Name	Daily Hours	General Duties	Telephone

Are they willing to assist with the daily care of a service dog, if needed? YES NO

How many hours per week are you in therapies? _____

What types of therapies are you currently involved in (including special programs in school)?

Is mobility limited? YES NO

If so, how? _____

Do you use a wheelchair? YES NO

If so, Electric Manual

Do you use any other mobility aides? YES NO

If so, what? _____

Will you want your dog to help support you while you are walking or getting up? YES NO

If so, describe. _____

Is one side of your body stronger than the other? YES NO

If so, Left Right

On which side would you want the dog to work most of the time? (Example: If you are right-handed, it is common for the dog to be trained to work on your left so your right hand can be free from leash, etc.

However, this can change based on stability needs, etc.) Left Right

Why? _____

Are you restricted in the use of your hands or arms? YES NO

If so, describe. _____

On a scale of 1-5 (1 = poor, 5= excellent), describe your:

<i>Upper body strength</i>	1	2	3	4	5
<i>Range of motion</i>	1	2	3	4	5
<i>Grip strength</i>	1	2	3	4	5
<i>Dexterity</i>	1	2	3	4	5

Are you able to issue hand signals? YES NO

Do you have spasms in your arms or legs? YES NO

If so, how quickly do they pass? _____

Do you bruise easily? YES NO

Could a dog put his front legs up on your lap without hurting you? YES NO

Are you able to issue voice commands in a clear, audible voice? YES NO

Lifestyle Information(to be completed by parent or guardian if under 18)

You currently reside in a house apartment duplex Other _____

Your residency currently has a fenced yard enclosed area Other _____

With whom do you live? _____

Please list other persons living in your home.

Name	Relation	Sex – M or F	Date of Birth

Have you ever owned a dog? YES NO

Do you have any current pets? YES NO

Species	Breed	Name	Age	Sex

Is anyone in your home allergic to dogs or pet dander? YES NO

If so, describe. _____

Describe your general daily schedule.

When do you get out of bed in the morning? _____

When do you retire in the evening? _____

On a scale of 1-5 (1 = low, 5= high), describe your:

<i>Activity Level</i>	1	2	3	4	5
<i>Anxiety</i>	1	2	3	4	5
<i>Independence</i>	1	2	3	4	5
<i>Time Outside House</i>	1	2	3	4	5

Service Dog Requirements(to be completed by parent or guardian if under 18)

Have you previously owned a service or assistance dog? YES NO

If so, explain. _____

Do you have any experience working with animals? YES NO

If so, explain. _____

Describe the ways you believe a service dog can assist you.

After receiving your service dog, what are your hopes, goals, and fears?

Where will the dog exercise and have playtime? _____

Where will the dog be taken for toilet requirements? _____

How much exercise, on average, do you think a dog needs per day? _____

Describe your definition of exercise. _____

Who will help you with the dog's care if you are sick and cannot get outside:

Name _____ Phone _____

Proximity to your home _____

Do you have any concerns regarding owning a service dog? YES NO

If so, describe. _____

Are you willing to participate in ongoing training sessions after receiving a service dog?

YES NO

Will your family accept a trained dog as an equal partner in your house? YES NO

The information on this application is correct to the best of my knowledge. I understand that this preliminary application is required to be eligible for an application package which will determine my suitability for a service dog. _____ (initials)

Applicant Signature _____ Date _____

Print Name _____ Relationship _____