



Guardian Service Dogs

Service Dog Training Application

Personal Information

(If handler is a minor please fill out the following with your information)

Handler's Name: _____ Date: _____

Date of Birth: _____ SSN: ____ - ____ - _____

(SSN is required for background check purposes, applications with a missing SSN will be discarded)

Address: _____

Phone 1: _____

Phone 2: _____

Facebook: _____

Dropbox: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

(If handler is a minor) Minor's Name: _____ Date of Birth: _____

Dog Information

Dog Status: Owned Searching

(If dog status is owned please fill out following information. Use of some dogs may be revoked based on age)

Name: _____ Breed: _____ DOB and Age: _____

Adopted From: _____

If any, what other pets do you have in your home? Species and Age: _____

Military/Employment Information

Military Status:

(Active duty must provide commander authorization unless separation date is in the next 3 months)

Active Duty

Separated

Guard/Reserve

None

Medically Retired

Military Dependent

Medically Discharged

If Military dependent sponsors name and relationship

Disability Rating: Military: _____ VA: _____

Are you currently employed? Yes No Where? _____

Key Duties: _____

Are you attending school? Yes No

Service History: (Include dates for joined, deployed, and separated. MOS, Awards, and why separated. Please attach DD214 and award docs for any awards not listed on DD214) _____

Disability Information

Medical Recommendation Yes No (Attach medical recommendation, required prior to acceptance to program)

Summary of Disability: (Include symptoms and triggers) _____

Do you take daily medication? Yes No

What adaptive equipment do you use, if any? _____

Type of Injuries: (Include dates, how they happened and impact on daily life please note relation to service)

What tasks would you like assistance with from your service animal? _____

How do your disabilities impact daily life and how do you anticipate your service dog to improve that?

Are you able to financially, physically, and emotionally care for your dogs needs?

Feeding: Yes No Daily Exercise: Yes No
Veterinary Care: Yes No Daily Training: Yes No
Training Treats: Yes No

Do you have any concerns about any other areas of care? _____

Who, if anyone, can help you care for your dog in case medically unable?

Name: _____ Phone: _____

Financial Aid Information

Guardian Service Dogs strives to provide quality Service Dogs and training at the most affordable rates possible. Various assistance is available to qualifying clients based on availability. Will you be in need of financial assistance? Yes No

(If yes please answer following questions if no, skip to references section)

Please list income vs. expenses

Total Income: VA Disability \$ _____ SSDI/SSI \$ _____ Employment \$ _____ Other \$ _____

Total Expenses: Housing \$ _____ Utilities \$ _____ Phone \$ _____ Food \$ _____

Service Dog Care \$1000+

Please remember that having any dog is a serious personal commitment. Having a service dog also carries a required financial responsibility, we estimate that this is around \$1000 or more per year. This cost takes into consideration veterinary expenses, food, and preventative care. Based on this information do you feel that you are now and will continue to be able to financially support your service dog? Yes No

References

Military Reference: *(If not military please list a professional reference)*

Name: _____ **Phone:** _____

Personal Reference: *(Not immediate family or person living with you)*

Name: _____ **Phone:** _____

How did you hear about Guardian Service Dogs?

Social Media? _____ **Internet Search?** _____

Client Referral? _____ **News/Radio?** _____

Consent for Release of Information

I, _____, give consent for the individuals listed below to release to Guardian Service Dogs, information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside of Guardian Service Dogs, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home.

Please list names, addresses, and phone numbers of those applicable:

Referring Physician: *(Licensed medical professional recommending service animal)*

Name: _____ **Phone:** _____

Address: _____

Primary Doctor:

Name: _____ **Phone:** _____

Address: _____

Mental Health Provider:

Name: _____ **Phone:** _____

Address: _____

Initials: _____ I understand that Guardian Service Dogs is NOT a medical treatment facility, hospital, mental health facility, or any other variant of the previously listed. While the use of a service dog may alleviate symptoms related to a wide range of disabilities through related task, Guardian Service Dogs is only an organization that provides certified service dog training and training related to how to use a service dog, we do not provide any healthcare whatsoever.

Initials: _____ Guardian Service Dogs does not staff medical professionals of any kind. In the event of an emergency while in training, emergency medical services (911) will be called, and you are responsible for any financial costs related to that.

Initials: _____ I acknowledge that Guardian Service Dogs is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act ("HIPAA") and/or other state or federal privacy laws. Though these laws do not apply to Guardian Service Dogs, I understand that Guardian Service Dogs will make reasonable efforts to keep the contents of this application, any supporting documentation, and/or any information discovered during Guardian Service Dogs verification process confidential and will not share such information outside of Guardian Service Dogs without my written consent.

Initials: _____ I acknowledge having a service dog is a great commitment. A service dog is NOT a pet, and as such requires a great deal of additional time, effort, and energy. Your signature verifies you are willing, able and prepared to take on this added responsibility.

Initials: _____ If I am chosen to be a recipient of a sponsorship, I will adhere to the requirements of the training program and sponsorship.

Applicant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

(If handler is under 18 years old)