

Full Name

Physical address:

Mailing Address (if different than physical):

Phone:

Email:

What is the nature of your need for a service/assistance dog:

Number of people living in the home: _____

Please give the age of the youngest person: _____

Is this dog being trained for a child? _____

Describe the environment of your home: (Apartment, 2 story home, noise levels, landscaping ect.)

Please list any visitors or work staff that regularly visit your home, and when. Please mention any involvement the visitor will have with training.

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Have you had a service/assistance dog before? If yes, please describe the nature of the dog's service and any tasks the dog was trained to perform.

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If the dog alerts you, can you visually and physically follow the dog to where it leads you? YES NO

If "NO" please explain:

What does your daily schedule look like (use the back to specify if necessary)

Are you easily frustrated? YES NO If yes, what coping mechanisms do you use to alleviate frustration?

When does your schedule permit time specifically put aside for alert and task training a service dog? (days and times)

Will your service/assistance dog be accompanying you in public? YES NO

If so, what is the nature of your need for a service/assistance dog in public places?

Please describe your work, trade or volunteer service environment (commercial building, hospital, government campus/elevators, desks, waiting rooms ect.)

Will you need your dog to alert differently or perform different tasks while away from home? If so, what do envision the difference to be?

Where will your dog be if it is not with you? Who will be responsible for the dog's care and feeding?

What kind(s) of transportation will your dog be expected to be familiar with? (Planes trains or automobiles?)

Are you physically able to handle the movement and momentum of a dog? YES NO

If not, please list any requirements you have with mobility and handling:

Please help us by sharing some of your history or life story.

Why do you want to use an assistance dog versus traditional therapy and coping tools?

How long have you had your disability/need and what was the cause?

Does your disability/need change and require different levels of performance from a dog?

What are the four or five major physical symptoms of your disability/need?

What happens if these symptoms are not treated or addressed?

What would you like me to know about your disability/need?

The following are statements for you to consider in the successful training and placement of a task-trained service/assistance dog. Please read and consider them carefully.

***Understand that YOU are solely responsible for the assistance dog's follow up training and to stay with the appointed training program.

Understand that if someone else uses your task-trained service/assistance dog, the dog may stop alerting you.

Understand that service/assistance dogs are NOT guard or personal protection, herding, hunting or working dogs of any other nature. Understand that many of the training techniques may make these working functions extremely difficult to train for in the future.

Understand that a task trained service/assistance dog is not regarded as "reliable" until two years of age, and some take two years of training to be marked as reliable.

Understand that a Therapy Dog is NOT a Service or Assistance dog. The two are very different and cannot be interchanged.

Understand that a Service or Assistance dog is a long-term committed partnership.

Understand that many service or assistance dogs need recertification every three years.

Understand that the training needed for task and alert training is very very specific, and cannot be modified once started.

Understand that even though the ADA states permitted access to most public areas by service dogs, there are no laws or certifications concerning legalities of service dogs. Understand that you WILL receive opposition in some circumstances, and understand that you will need to deal with this.

Shawna Davies—RMCD—Breeder/Trainer

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Application for Service Dog Training

File no: _____

Certification No: _____ - SDT