



**SAINT FRANCIS
GERMAN SHEPHERD
SERVICE DOGS**

Intelligent Faithful Guardians

SERVICE DOG APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

DOB: _____ Social Security #: _____

Emergency Contact: Name: _____ Phone: _____

Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y / N

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Do you have Medical Insurance? NO/YES if yes what is the Insurance provider name? Medicaid, VA etc.. _____

If Applicable:

Physical Therapist: _____ Phone: _____

Occupational Therapist: _____ Phone: _____

Case Manager: _____ Phone: _____

Diagnosis

What is your primary diagnosis?

What other medical problems do you have?

How does this affect your daily living skills? What are your limitations?

Use a separate sheet of paper if more space is needed for any question.

Do you have restrictions or precautions as a result of your diagnosis?

What type of medical treatment are you currently receiving?

What medications are you taking and what are they for?

What types of adaptive equipment do you use (ie. Wheelchair, crutches, hearing aid)?

Employment

Are you employed? Y / N

Employer:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ May we contact? Y / N

Basic job duties:

Do you have a case with Transitional Assistance? Y / N

If so: Worker name: _____ Phone: _____

Address:

Do you have a Job Coach? Y/N

If so: Name: _____ Phone: _____

Agency Name:

Address:

Do you receive any other social services? Y/N

Agency: _____ Contact: _____

Address: _____

Phone: _____

Agency: _____ Contact: _____

Address: _____

Phone: _____

Household Information

Type of home: apartment Y / N house: Y / N do you own / rent

Do you have fenced yard? Y / N If not, do you plan to fence the Yard? Y/N

Who lives in the home?

Name Age Relationship

Are there pets in the home?

Species (cat, dog, other) and name _____ Age M / F _____

Spayed/Neutered? _____

Do they live inside? Y / N If not: Where do the pets that live outside reside?

Service Dog Information

What type of service dog are you seeking? (Visit our website at www.sfgsservicedogs.com to identify the right type of service dog you need).

Are you physically able to handle the dog? Y/N If not: Who will handle the dog for you? Explain:

Can you feed the dog? Y/N Can you groom the dog? Y/N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y/N

If you answered no to either of the above questions, who will assist you in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make you more independent? _____

Why do you want a service dog?

Is there anything else you want us to know?

References: You must have three people not related to you, complete and mail a reference letter to our office. Please list references so we can easily match them to your application. Or include the reference letters in this application.

Are you financially able to afford a service dog? Y/N If you answered no, can you provide us a financial statement to support this? Y/N

To qualify for a Service Dog at no cost or reduced cost a financial statement from you AND your spouse (if married) must be provided to Saint Francis German Shepherd Service Dogs to determine eligibility. For Children under the age of 18 a financial statement from the parents is required.

**APPLICATION MUST BE ACCOMPANIED BY A \$25.00
NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK
PAYABLE TO:
SAINT FRANCIS GERMAN SHEPHERD SERVICE DOGS, INC.
PO BOX 86 Leominster, MA 01453**

Signature of Applicant: _____ Date: _____

Saint Francis German Shepherd Service Dogs Inc. reserves the right to deny services to any applicant which does not meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the agency.

Saint Francis German Shepherd Service Dogs, Inc



**SAINT FRANCIS
GERMAN SHEPHERD
SERVICE DOGS**

Intelligent Faithful Guardians



SAINT FRANCIS GERMAN SHEPHERD SERVICE DOGS

Intelligent Faithful Guardians

CONFIRMATION OF DISABILITY, MEDICAL RELEASE AND APPLICANT HEALTH FORM
Please fill out the medical release at the bottom. Insert your name next to Applicant: on top and ask your physician complete this section of the application.

Applicant: _____

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our company trains and places service dogs that assist with mobility impairment, hearing impairment, Diabetic hypoglycemic unawareness, PTSD, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment. Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y / N which of the types of dogs listed above would best assist this applicant?

If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant? (Use back of form)

Does this applicant's physical disability affect their mental or cognitive condition? For example: memory, retention, concentration, or understanding. If so, please explain in as much detail as possible. (Use back of form)

Does this person have a stress related or mental health disability? Y / N If so, please list the diagnosis and explain how it affects the applicant. (Use back of form)

If this person has a stress or mental health related disability,

1. Do you feel they would be able to handle a dog in places of accommodation where they might be confronted and asked why they are bringing a dog into a place that does not allow pets? Y / N

2. Does this person have periods of time where their condition escalates to a level where they might not be able to properly care for the dog? Y / N
3. Has this applicant been hospitalized in the past 2 years? Y / N If so, how many times and for how long _____

If this person has a progressive disease,

1. How quickly does this progression usually occur?

2. Will the progression lead to a point where the applicant could no longer physically care for the dog? Y / N If so, how quickly might this progression occur?

3. May we contact you in the future if we have a concern about the degree of progression? Y / N

If the applicant is taking medication that might impair their judgment in handling the dog in public or in caring for the dog, what are they and how might they do this?

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____

Medical facility: _____ Phone: _____

Address: _____

Physician signature: _____ Date: _____

PLEASE ATTACH A MEDICAL PRESCRIPTION FOR A "SERVICE DOG" RELATED TO THE APPLICANTS "DISABILITY"

Saint Francis German Shepherd Service Dogs Inc.

PO BOX 86 Leominster, MA 01453

terry@sfgsservicedogs.com

www.sfgsservicedogs.com

Saint Francis German Shepherd Service Dogs, Inc.

RELEASE OF INFORMATION

I, _____ do consent and request you to supply Saint Francis German Shepherd Service Dogs, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child. This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by Saint Francis German Shepherd Service Dogs, Inc. It will enable Saint Francis German Shepherd Service Dogs, Inc. to understand my request for this animal and help them evaluate me/my child's eligibility for their services.

Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child:

Parent or Legal Guardian Signature: _____

Date: _____

Name: _____

Address: _____