



Greg Sporer
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Service Dog Application

Please complete all information on the application and send all required documentation, including records confirming your medical diagnosis.

Personal Information

Name _____ DOB _____

Address _____

Cell Phone _____

Email _____

Emergency Contact

Name _____

Phone _____

Physician's name _____

Primary Diagnosis _____ Date of Diagnosis _____

Explain any other medical issues _____

Describe any limitations you experience in your everyday life

What type of medical equipment do you use on a daily basis (wheelchair, crutches, walker, braces, hearing aids)

Residential Information

What type of home do you have? (apartment, condo, house, etc.)

_____ Do you own or rent your home? _____

List other occupants of home

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Do you have a fenced yard? Y / N

If no, what is your plan for exercising/toileting dog?

Where would the dog be while you were away? _____

How many hours per day would the dog be alone? _____

Do you or any others in your household have allergies to dogs? Y/N

If yes, how do you plan to address this issue?

What other animals live in your home?

Type (dog, cat, other) _____ Age ____ Spayed/Neutered? Y/N

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Do you currently have a veterinarian? Y/N

If yes, veterinarian's name and phone number _____

Note: We are required to contact your veterinarian for medical history.

Employment and School Information

Name of employer _____

Address of employer _____

Work phone number _____ Hours per day/week _____

Describe your normal activities at work _____

Primary source of income _____

Do you attend school? Y/N

Name of school _____

Address of school _____

How many hours are you in school per day? _____

Describe your normal activities at school _____

Canine Information

Do you already own a dog that needs assessment, or does Saving Grace Service Dogs need to find a dog with you? _____

If you currently have a dog, please provide the records from your veterinarian, including the shot record.

Additional Information

Why do you want to train a service dog?

What tasks would a dog help you with, and allow you to be more independent?

DISCLAIMER

By signing below, I agree that:

Saving Grace Service Dogs reserves the right to deny service to any applicant for any reason, including but not limited to, failure to meet the established criteria for receiving a service dog. Further, Saving Grace Service Dogs does not guarantee that the participant or the dog will be able to successfully complete the program. Saving Grace Service Dogs will not certify a dog that cannot pass all of the required testing.

I am physically sound enough to participate in this program. I do hereby agree to hold free from any liability Saving Grace Service Dogs and its members and officers, for any emotional or physical injury sustained during the course of this program. My family, members and myself waive the rights and claims for damages and injuries which may come from my connection and participation with Saving Grace Service Dogs.

Signature _____

For office use only:

Received: _____

Approved: _____

Meeting date: _____

Location: _____