



SERVICE DOG APPLICATION

DATE: _____

CLIENT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (CELL) _____

EMAIL: _____

OCCUPATION: _____

DATE OF BIRTH: _____

MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED

DO YOU ALREADY HAVE A DOG YOU WANT TO USE? ☐ YES ☐ NO

PERSONAL INFORMATION:

TYPE OF HOME: ☐ HOUSE ☐ APARTMENT ☐ OTHER: _____

HOW MANY FAMILY MEMBERS LIVE IN THE HOME: _____

DO YOU HAVE A GOOD SUPPORT SYSTEM: ☐ YES ☐ NO

LIST ALL PERSONS LIVING IN THE HOME:

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

ARE THERE PEOPLE WHO PERIODICALLY STAY WITH YOU? (EXTENDED FAMILY, FRIENDS, AIDE, NURSE, ETC). _____ IF YES, PLEASE LIST:

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

NAME _____ AGE _____ SEX: M F

MEDICAL INFORMATION:

HOW IS YOUR OVERALL HEALTH? _____

DO YOU: ☐ DRINK ALCOHOL? ☐ SMOKE? ☐ TAKE ILLEGAL DRUGS?

PHYSICIANS:

PRIMARY PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

OTHER PHYSICIANS/THERAPISTS YOU SEE FOR YOUR DISABILITY:

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

HAS YOUR PHYSICIAN RECOMMENDED YOU NEED A SERVICE DOG? ☐ YES ☐ NO

DISABILITY/DIAGNOSIS: _____

IS YOUR DISABILITY: ☐ PROGRESSIVE ☐ STABLE

HOW DOES YOUR DISABILITY AFFECT YOU? _____

PHYSICAL OR MENTAL LIMITATIONS: _____

MEDICATIONS: _____

SIDE EFFECTS YOU EXPERIENCE FROM MEDICATION: _____

CURRENT THERAPIES / TREATMENTS BEING USED: _____

WILL THERE BE A THIRD-PARTY HANDLER? _____ IF YES, PLEASE LIST:
NAME: _____ AGE: _____ RELATION: _____

WHAT DO YOU NEED THE DOG TO DO FOR YOU? (TASK WORK)

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU OR YOUR
DISABILITY? _____

By signing below, you are confirming that the information provided above is accurate, complete and up to date.

Signature of Applicant

Date



Tracey Hagan
Certified in Family Dog Mediation, FDM
CPDT-KA, CBCC-KA, CSAT
Fear Free Certified Professional
859-333-3822
www.PawsitivePurposeK9.com
info@pawsitivepurposek9.com

Medical Release of Information

Date _____

Dear Dr./Ms./Mr. _____

I give you permission to share information about my condition to Pawsitive Purpose Dog Training LLC / Tracey Hagan regarding my goal of training and using a service dog. The information will be used to select tasks, adapt training methods, and assist me in working towards my goal of training my dog to assist me as a service dog.

Thank you for your care and support,

Your Signature

Date

Your Printed Name



Tracey Hagan, Owner/Lead Trainer
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 CPDT-KA, CBCC-KA, CSAT
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info@pawsitivepurposek9.com

DATE: _____

Dear Doctor,

Your patient, _____, is hoping to train her own pet dog as a service dog. Service animals can be trained a wide array of behaviors to help a person with a disability. Behaviors are selected according to the individual's needs but often include retrieving dropped objects, bringing an emergency phone, and alerting a caregiver that assistance is needed. In addition to helping with activities of daily living, service dogs can help reduce fatigue, encourage people to exercise, facilitate social interaction in the community, and the presence of the dog may help reduce the owner's overall stress level.

While many people get an already trained service dog from a program, an increasing number of people with disabilities are opting to acquire and train a dog for service work themselves. Pawsitive Purpose Dog Training LLC helps people with disabilities train their own pet dog to assist them as a service dog if the dog has the appropriate temperament and behavior for this type of work. I am a CPDT-KA, CBCC-KA, CSAT, and am a Fear-Free Certified Professional Trainer. Details about our work, my expertise, my credentials, and our services are on the website at www.pawsitivepurposek9.com.

To ensure compliance with laws and health department regulations during the training process, I ask my clients to provide a letter of medical necessity from a licensed healthcare professional that indicates that they have a disability and require a service dog. I maintain confidentiality of client's information. I am happy to answer any questions you may have.

Sincerely,

Tracey Hagan, Owner/Lead Trainer
 Pawsitive Purpose Dog Training LLC