



### **SERVICE DOG APPLICATION**

Are you a First Responder? ☐ Yes ☐ No

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you still active ? ☐ Yes ☐ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home#: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### **HISTORY**

How long have you lived at this address? \_\_\_\_\_

Do you have a fenced yard? Yes ☐ No ☐

How long have you served? \_\_\_\_\_

Are you married? ☐ Yes ☐ No Do you have children? ☐ Yes ☐ No

If yes for children how many and how old? \_\_\_\_\_

\_\_\_\_\_

Do your children live with you: Yes ☐ No ☐

Do you own a reliable vehicle? Yes ☐ No ☐

Do you have other pets in your home: ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

### **PHYSICAL HISTORY**

Are you visually impaired? ☐ Yes ☐ No Degree of sight loss: \_\_\_\_\_

Do you have any hearing loss? ☐ Yes ☐ No Degree of hearing loss: \_\_\_\_\_

Do you believe you suffer from PTSD? ☐ Yes ☐ No

Do you work? ☐ Yes ☐ No

If so, what is your occupation? \_\_\_\_\_

\_\_\_\_\_

If yes, what is your work schedule? \_\_\_\_\_

\_\_\_\_\_

Are you independent and confident to travel on your own? ☐ Yes ☐ No

Can you describe your routine, please include travel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Please describe any medical or physical limitations: \_\_\_\_\_

\_\_\_\_\_

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### **SERVICE DOG INFORMATION**

Have you ever had a service or assistance dog? ☐ Yes ☐ No

If yes, why do you no longer have the dog: \_\_\_\_\_

Who is your Veterinarian? \_\_\_\_\_

What is their contact information? Address and phone number: \_\_\_\_\_

Have you applied through any other organization for a Service dog? Yes ☐ No ☐

If so, where?

Are you on a waiting list or were you denied? Yes ☐ No ☐

If you were denied, do you have a letter of denial? Yes ☐ No ☐

If you do have a letter can you please provide it. \_\_\_\_\_ Initial if so.

Do you have a concealed gun permit? Yes ☐ No ☐

If so, do you normally carry it? Yes ☐ No ☐

(Food for one dog is anywhere from \$40.00 to \$70.00 a month)/plus any veterinary care the dog will need.)

Are you financially able to take care of a dog? ☐ Yes ☐ No

*Mattox Dog Training Academy requires that you initial and sign the following before sending us your application.*

I have been clean and sober for at least 9 months prior to applying. \_\_\_\_\_

On an official letterhead provide doctor/or therapist referral. \_\_\_\_\_

I am under treatment for PTSD by a qualified professional. \_\_\_\_\_

Please provide proof of current or past first responder employment\_\_\_\_\_

Provide proof of address. \_\_\_\_\_

Provide photos of home inside and outside. \_\_\_\_\_

Provide source of income. \_\_\_\_\_

Provide 3 letters of personal recommendations. \_\_\_\_\_

Must provide a Release of information (ROI) naming **Mattox Dog Training Academy** as organization. \_\_\_\_\_

(ROI) form is provided below.

I understand that by completing this application **Mattox Dog Training Academy** is not held liable or under any obligations. In this application, there are no right or wrong answers, but helps **Mattox Dog Training Academy** to determine eligibility for the training of the dog. **Mattox Dog Training Academy** does not discriminate against any applicant based on race, age, gender, religion, nationality or any other factor prohibited under local, state and federal laws. Applicant's that are denied may subsequently reapply to be reconsidered without prejudice.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

If you have anything else you think we should know that will help in placing a Service dog with you please feel free to write them down for us:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.