



**MATTOX**  
DOG TRAINING ACADEMY

***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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

