



## Application for Service Dog

Name of Applicant: \_\_\_\_\_

Name of person completing application, if different from above: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M / F

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Do you currently live:  alone  with friends or family

How did you hear about the FSDS? \_\_\_\_\_

What is the nature of your disability? \_\_\_\_\_  
\_\_\_\_\_

For how long have you been disabled? \_\_\_\_\_

Please describe the extent to which your disability has limited your major life activities.  
\_\_\_\_\_

Are you currently employed? Yes / No

If yes, what type of work do you perform? \_\_\_\_\_

What types of tasks do you require assistance with? \_\_\_\_\_

Please describe the ways in which obtaining a service dog will increase your independence. \_\_\_\_\_

Please describe the types of service you have provided to our community.  
\_\_\_\_\_

I certify that all answers above are accurate and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date