



Foias Foundation Service Dogs

SERVICE DOG APPLICATION

Name of dog you are applying for : _____

Type of service dog needed: (Mobility, child assist, psychiatric) _____

Application information

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Do you have a consistent place to live?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are there any other dogs in the house?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked with a SD before	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Do you have a Dr. note for your disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, Dr. name? _____

References

Please list three personal references

Full name:	_____	Relationship:	_____
Phone:	_____		
Email:	_____		

Full name: _____ Relationship: _____

Phone: _____

Email: _____

Full name: _____ Relationship: _____

Phone: _____

Email: _____

Personal Reflection

What makes you a good fit for the service dog you are applying for?

Disclaimer and signature

By signing this agreement you certify that you are aware that the dog you are applying for is a started service dog and agree to continue his training if you are chosen as his placement.

You understand that by sending in an application, it does not guarantee you a service dog placement and that this a preliminary measure to being accepted as a SDIT placement. We will ultimately choose the placement that is best for both the placement and the dog in question.

Signature: _____ Date: _____