

# MIDAMERICA SERVICE DOGS' FOUNDATION

## Service Dog Application

SERVING THE CHICAGO METROPOLITAN AND SUBURBAN AREAS

2Pages

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Occupation: \_\_\_\_\_ If Child \_\_\_\_\_ Grade \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_

Name of Primary Caregiver: \_\_\_\_\_

List the name and ages and relationship to you of anyone else in the household \_\_\_\_\_

Your Home Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Disability & Cause: \_\_\_\_\_

Additional Disabilities or Medical Conditions \_\_\_\_\_

List all medications you are on \_\_\_\_\_

Do You live in a Home \_\_\_ TownHouse \_\_\_ Condo \_\_\_ Apt \_\_\_ Own \_\_\_ Rent \_\_\_

Do you have a fenced yard? \_\_\_\_\_

If fenced what type & height \_\_\_\_\_

Do you have other pets if so age & Type \_\_\_\_\_

Do you have a dog or have you ever had a dog? Yes No

If so, what breed? \_\_\_\_\_

If yes, name and phone of veterinarian? \_\_\_\_\_

In what area does your disability affect your life? Please Describe May Use Back of Form:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| _____ Cognitive delay             | _____ Coordination            |
| _____ Balance                     | _____ Mobility                |
| _____ Strength, Muscular Weakness | _____ Use of upper body, arms |
| _____ Hearing                     | _____ Use of lower body, legs |
| _____ Vision (describe)           | _____ verbal communication    |
| _____ Seizures                    |                               |

\_\_\_\_\_ Behavior, Emotional, Psychological  
What tasks do you have difficulty performing:

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Do you use a wheelchair \_\_\_ power chair \_\_\_ scooter \_\_\_

Walker \_\_\_ Crutches \_\_\_\_\_

Is your home wheelchair accessible? \_\_\_\_\_

Would you and your caretaker be able to attend weekly Monday evening dog classes in the Hinsdale area for a period of several months?

Yes \_\_\_ No \_\_\_

Describe Your typical week day activities \_\_\_\_\_

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Describe Your typical weekend activities

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List the top 3 to 5 reasons you would like a service dog

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List the top 3 to 5 things you would like a service dog to do for you

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As part of this application we may require additional information to determine suitability, such as but not limited to requesting a statement from your physician as to your medical condition, financial information or references. MidAmerica Service Dogs' Foundation reserves the right to deny a service dog to an applicant for any reason without stating a cause.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this application to:**  
MidAmerica Service Dogs' Foundation  
7630 S. County Line Rd. Unit 3B, Burr Ridge, IL 60527  
Ph 866-472-9744/ Fax 866-472-9744 info@midamericadogsfoundation.org