



Inquiry Form

The FIRST step for applying for a Service Dog

Date of Inquiry *

Month Day Year

Name *

First Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Demographics

Date of Birth *

Month Day Year

Age *

Name of Parent/Legal Guardian *

First Name Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Height: (ft and in) *

Weight (lbs) *

How many household members live with you? *

Service Details

Are you a Veteran *

Yes

No

What Service? *

Are you a First Responder? *

Yes

No

What Type? *

Firefighter

Paramedic

Law Enforcement Officer

Emergency Medical Technician (EMT)

Employment

Are you currently employed? *

Yes

No

Describe your position. (what you do, your work environment, is there physical activity required? *

Do you volunteer? *

Yes

No

Where do you volunteer? What do you do? *

Disability Information

What is your primary diagnosis? *

How does your diagnosis impact your mobility? *

Is your diagnosis due to your military service? *

Yes

No

Miscellaneous Information

Do you drive? *

Yes

No

Do you have a handicap plate or placard? *

Yes

No

Do you have a yard? *

Yes

No

Is your yard fenced in? *

Yes

No

What are the dimensions of the yard? *

Where will you adequately be exercising your dog? *

Do you have pets? *

Yes

No

How many, type, breed, age and temperament? *

Would you like to be added to our Monthly Newsletter? *

Yes, sign me up!

No thank you.



Signature
