



NEADS World Class Service Dogs Service Dog application

Have you discussed this application with your doctor? YES NO

2. Living Arrangements and Lifestyle

Which of these most closely describes where you live? City Suburbs Rural area

Please describe your neighborhood (i.e., busy road, neighbors near, dogs/cats running free): _____

How many people live with you? _____

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or is anyone you live with allergic to dogs? YES NO

If yes, please describe: _____

Do you or does anyone in your household currently have a dog? YES NO

If yes, please describe:

<i>Age</i>	<i>Breed</i>	<i>Male / Female</i> <i>Sex</i>	<i>YES / NO</i> <i>Neutered/Spayed?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



NEADS World Class Service Dogs

Service Dog application

How many hours per day will the dog be alone? _____

Does your lifestyle involve frequent travel? (describe) _____

Will you take the dog with you when you travel? YES NO

If not, where will the dog stay? _____

Is there a particular type or breed of dog you do NOT like? _____

What size dog would you prefer? Small Medium Large No preference

Please list the person who will help with the dog's care if you are sick or unable to take the dog outside:

Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

4. Your On-Campus Training

Please note: you are required to spend 10-14 days on the NEADS campus being trained with your new Service Dog and you must attend graduation. We cannot make exceptions to these requirements. Please verify the following:

I can arrange to take time off from work or school to come to the NEADS Massachusetts national training campus to train with my dog.

YES NO

When are you able to start training with your Service Dog? _____

Is fatigue a factor in your daily life? (please describe) _____

Do you need to have rest periods during the day? _____

Do you smoke? YES NO Are you allergic to cats? YES NO

Will you bring a family member or personal care attendant (PCA) to your training session at NEADS? YES NO

If yes, would you prefer for your family member/attendant to stay in a separate bedroom? YES NO

(Please note: NEADS does not provide personal care attendants and no staff member is trained as a PCA)



NEADS World Class Service Dogs

Service Dog application

6. Service Veteran Information (if applicable)

In which branch of the military did/do you serve?

- Airforce Army Coast Guard Marines Navy

Date of service: _____ Date of combat: _____

Date of combat injury: _____ Geographic location of combat injury: _____

Rank when retired or current rank: _____

7. Information about your Physical Disability (if applicable)

Please provide a brief history of your disability (please include date of injury, if applicable):

If you have had a spinal cord injury, please list:

Date of accident: _____ Classification (c7, etc.): _____

Please describe your upper body strength, **especially** the arms (range of motion) and hands (grip and dexterity):

Is one side stronger (left or right)? _____

Do you bruise easily? _____

Could a dog put front legs up on your lap without hurting you? YES NO

Do you have spasms in your arms or legs? YES NO

If yes, please describe: _____

Is it difficult for you to function in hot weather? YES NO Cold weather? YES NO

Do you need assistance with daily activities? YES NO

If yes, please describe: _____



NEADS World Class Service Dogs

Service Dog application

Do you employ a personal care attendant (PCA)? YES NO

If yes, how many PCAs do you employ? _____

What hours do they assist you? _____

With which tasks do they aid you? _____

Please list the equipment that you use for your disability, if applicable (cane, wheelchair, walker, etc.): _____

If you use both a manual and power wheelchair, please explain when each is used: _____

If you use a wheelchair, do you self transfer? YES NO

Do you have any other physical limitations such as sight or hearing loss that we should consider when choosing a dog for you? (Please note: NEADS service dogs do not perform any traffic or safety tasks for the visually impaired.)

Please list any other information that may be of help to us in selecting the proper dog for you: _____

All NEADS dogs are taught basic dog obedience and are well-socialized for public situations. What tasks do you want your dog to accomplish for you?

- | | |
|--|--|
| <input type="checkbox"/> Carry articles in a dog backpack | <input type="checkbox"/> Pick up dropped articles |
| <input type="checkbox"/> Retrieve objects off counters or tables | <input type="checkbox"/> Turn light switches on and off |
| <input type="checkbox"/> Stand and brace for balance | <input type="checkbox"/> Bark/speak on command for help (not protection) |
| <input type="checkbox"/> Other tasks _____ | |



NEADS World Class Service Dogs

Service Dog application

8. Hearing Loss (if applicable)

Brief history of your hearing loss (date of injury, if applicable): _____

Will you have any further hearing loss? YES NO

If yes, please describe: _____

Do you use oral speech? YES NO

Do you use sign language? YES NO

If yes, please indicate: ASL PSE MCE

Do you need an interpreter? YES NO

Do you wear hearing aids? YES NO If yes: BOTH EARS LEFT EAR RIGHT EAR

Do you lip read? YES NO

Do you have any physical limitations such as sight loss or a balance problem that we should consider when choosing a dog for you? (Please note that hearing dogs do not perform any traffic or safety tasks for the visually impaired.)

Please list any other information that may be of help to us in selecting the proper dog for you: _____



NEADS World Class Service Dogs

Service Dog application

All NEADS dogs are taught basic dog obedience and are well-socialized for public situations. To what sounds do you want your dog to alert you? (Please check all that apply.)

- Alarm clock – Electric
 - Alarm clock – Wind-up
 - Baby crying
 - Beeper/pager
 - Car awareness when driving
 - Door bell
 - Door buzz
 - Door chime
 - Door knock
 - Fire/smoke alarm -- Where is the smoke alarm located in relation to your bedroom? _____
- Dropped car keys
 - Emergency sirens when driving
 - Microwave oven
 - Stove timer
 - Tea kettle
 - Telephone
 - Your name: _____
 - Other: _____

9. Applicants under the Age of 18

School name: _____

School address: _____
Street Address

_____ *City* _____ *State* _____ *ZIP Code*

Current grade: _____

If applicant is under the age of 15, who will be the third-party facilitator for the dog and child? (Must be a parent or guardian who lives with the child.)

Facilitator's name: _____

Facilitator's relationship to child: _____

10. Applicants for a Classroom/Ministry/Therapy/Courthouse Dog

Length of present employment: _____

How long have you been a teacher/minister/therapist? _____

Describe the children/adults you work with (include types of disabilities for the population you serve): _____



NEADS World Class Service Dogs Service Dog application

Are there any other animals in your classroom or office? YES NO

If yes, please list: _____

Are there other animals in the building where you work? YES NO

If yes, please list: _____

Have you discussed this application with your principal, superintendant or employer? YES NO

If yes, do you have his/her support? YES NO *We will require a letter of permission.*

All NEADS dogs are taught basic dog obedience and are well-socialized for public and classroom/office situations. The applicant is responsible for incorporating the dog into the therapy/work. Please check any of the following tasks that may be helpful:

- | | |
|--|---|
| <input type="checkbox"/> Carry articles in a dog backpack | <input type="checkbox"/> Retrieve objects |
| <input type="checkbox"/> Pick up dropped items | <input type="checkbox"/> Shake with paw |
| <input type="checkbox"/> Turn light switches on and off | <input type="checkbox"/> Bark on command |
| <input type="checkbox"/> "Go to your kennel" (to use this task, an area of the classroom/office must be provided for the dog's kennel) | |