Dear Applicant,

Thank you for applying for a NEADS Service Dog. Please complete the application below. All application information will be kept confidential.

Please mail it to:
NEADS World Class Service Dogs
Attn: Katy Ostroff – Applications
P.O. Box 1100
Princeton, MA 01541

Or fax it to:
Attn: Katy Ostroff – Applications
Fax: 978-422-3255

Or complete the application online by visiting:
www.neads.org/apply-dog

All applicants must complete sections 1-5. Please complete any remaining sections that are relevant to you, as noted below.

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*All applicants must complete this section

We look forward to reviewing your application. A staff member will contact you within one month of receipt of your application.

Sincerely,

Katy Ostroff
Manager of Client Services
NEADS World Class Service Dogs
# 1. General Information

Date: __________________________

**What type of Service Dog do you need?**

- [ ] Hearing Dog
- [x] Assistance Dog for classroom, ministry, therapy, courthouse
- [ ] Service Dog
- [ ] Service Dog for child
- [ ] Social Dog for child

How did you hear about NEADS? ____________________________________________________________

Full name: ____________________________

- Last
- First
- M.I.

Address: 

- Street Address
- Apartment/Unit #

City: ____________________________ State: ____________ ZIP Code: ____________

Home phone: (_____) ___________ Alternate phone: (_____) ___________

Birth date: ____________ E-mail address: __________________________

Place of employment (if applicant is a minor, skip this question): ________________________________

Occupation: ____________________________ Work phone: (_____) ___________

Days/hours employed weekly: ____________________________

Have you discussed this application with your employer? [ ] YES [ ] NO

Volunteer work: ____________________________ Weekly volunteer hours: ____________________________

Highest level of schooling completed:

- [ ] High school
- [ ] Master’s degree
- [ ] Associate’s degree
- [ ] PhD or equivalent
- [ ] Bachelor’s degree

Emergency contact name: ____________________________ Emergency contact phone: (_____) ___________

Emergency contact relationship: ______________________________________________________________

Physician name: ____________________________ Physician phone: (_____) ___________

Physician address: 

- Street Address
- City: ____________________________ State: ____________ ZIP Code: ____________
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? _______________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Age</th>
<th>Breed</th>
<th>Male / Female</th>
<th>YES / NO</th>
<th>Neutered/Spayed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Male / Female</td>
<td>YES / NO</td>
<td>Neutered/Spayed?</td>
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<td></td>
<td>Male / Female</td>
<td>YES / NO</td>
<td>Neutered/Spayed?</td>
</tr>
</tbody>
</table>
3. Dog-Related Information

A successful applicant must be able to care for the daily needs of his or her dog.

Therefore, we ask you to consider and answer the following:

Do you have any handling experience?  □ YES  □ NO  (Dog handling experience is not required)

If yes, please explain: ________________________________________________________________

Have you attended dog obedience classes?  □ YES  □ NO

If yes, what level?  ________________________________________________________________

Where and when will your Service Dog be taken for toileting? ________________

Where and when will the dog be exercised and have playtime? _________________________

Please describe where/when you will take your dog:

□ Work?  ________________________________________________________________

□ School?  ________________________________________________________________

□ Social occasions?  __________________________________________________________

□ Other?  _________________________________________________________________

If renting, have you discussed this application with your landlord?  □ YES  □ NO

Do you have a fenced yard?  □ YES  □ NO

Fence height?  ________________________________

Do you have many visitors? (please describe)  ________________________________________

What types of transportation do you use? (public bus, subway, car, van, plane) ________________________

What time do you get out of bed in the morning?  __________

What time do you retire in the evening?  __________

Weight:  __________

Height (if you spend time outside of a wheelchair):  ________________________________

Hobbies/Interests:  ________________________________________________________________
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

□ 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)
5. Short Answer

Please tell us why you want a Service Dog in 100 words or more.

The reason I want a Service Dog is:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
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: __________________________
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?

- □ Carry articles in a dog backpack
- □ Retrieve objects off counters or tables
- □ Stand and brace for balance
- □ Other tasks ___________________

- □ Pick up dropped articles
- □ Turn light switches on and off
- □ Bark/speak on command for help (not protection)
### 8. Hearing Loss (if applicable)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief history of your hearing loss (date of injury, if applicable):</td>
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<tr>
<td>Will you have any further hearing loss?</td>
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<tr>
<td>If yes, please describe:</td>
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<tr>
<td>Do you use oral speech?</td>
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<tr>
<td>Do you use sign language?</td>
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<td>If yes, please indicate:</td>
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<td>Do you need an interpreter?</td>
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<td>Do you wear hearing aids?</td>
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<tr>
<td>If yes: BOTH EARS LEFT EAR RIGHT EAR</td>
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<tr>
<td>Do you lip read?</td>
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<td>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.)</td>
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<td>Please list any other information that may be of help to us in selecting the proper dog for you:</td>
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</table>
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
- [ ] Dropped car keys
- [ ] Emergency sirens when driving
- [ ] Microwave oven
- [ ] Stove timer
- [ ] Tea kettle
- [ ] Telephone
- [ ] Your name: ____________________________
- [ ] Other: ____________________________

Fire/smoke alarm -- Where is the smoke alarm located in relation to your bedroom? ____________________________

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): ____________________________

______________________________

______________________________
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, superintendent 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:

☐ Carry articles in a dog backpack
☐ Retrieve objects

☐ Pick up dropped items
☐ Shake with paw

☐ Turn light switches on and off
☐ Bark on command

☐ “Go to your kennel” (to use this task, an area of the classroom/office must be provided for the dog’s kennel)