



DOGS FOR INVISIBLE DISABILITIES

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Owner – Training Application Form

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: Home _____ Cell: _____ Work: _____
E-mail: _____
Date of Birth: _____ Age: _____ Sex: _____

Tell us a little about yourself

Employment

Employment Status: _____
If employed, where do you work? _____
Your supervisor's name and phone number: _____
If you work, will your Service Dog in Training be accompanying you? _____
Have you discussed having a Service Dog with your employer? _____

Housing

I currently _____ a/an _____
If renting, does your landlord know that you are going to train a Service Dog? _____
I live in a _____. I live with _____ and _____.
Do you have a fenced yard: _____ Do you have other pets? _____ If yes, what types:
_____.

Reference of someone who knows of your disability (Name & phone number).

Annual Income (select appropriate box)

___ \$0 - \$25,000 ___ \$25,001 - \$50,000 ___ \$50,001 - \$75,000 ___ \$75,001 - \$100,000 ___ \$100,001+

Military Service

Have you served in the military? _____ If yes, are you: _____.

Your Dog

Do you frequently have visitors who bring pets when they visit? _____

Will your dog be left alone? _____ How many hours per day? _____

Where will the dog stay when alone? _____

Why do you need a Service Dog? _____

What work or task do you anticipate the dog doing? _____

Do you currently have a dog that you wish to train or do you need help finding an appropriate dog?

If you currently have a dog how old are they? _____ Dog's date of birth (approx): _____

Breed: _____ Sex: _____

Dog's Name: _____

I understand that to participate in Service Dog Training Program that my dog must be spayed or neutered by 18 months of age or prior to taking the Public Access Assessment Test, whichever comes first. _____

Has your dog attended obedience classes? _____

What obedience commands does your dog know? _____

How would you respond to the following scenarios?

You catch your dog digging in your garden. _____

Explain: _____

Your puppy is chewing on your slipper. _____

I understand that this is an owner-trained Service Dog program. I, as the dog owner, am responsible for my dog and his/her actions in class and in public. I understand that I am responsible for my dog's progress in training and public access. I will not take my dog into places that he/she may not be ready

to be introduced to and I will follow directions from the program trainers as to when it is appropriate to advance my dog's public access training.

I understand that Dogs for Invisible Disabilities dog trainers are volunteers and I will endeavor to make my appointments and required outings weekly. If able to, I understand that I am responsible for notifying the trainer(s) that I am unable to attend class.

I understand that I am responsible for any equipment loaned to me while participating in the program and will return equipment upon separation from the program, either by graduation or termination. I will keep my dog, his/her vest and other equipment clean and in good condition. If lost or damaged I understand that I am responsible for the replacement cost of any item. I will also keep my dog healthy by providing proper veterinary care, vaccinations and nutrition. I understand that my dog must be spayed or neutered prior to completion of the program.

I have read and agree to the above requirements. _____

Accompanying documents

Doctor's Note Veterinarian's Note Shot Records Media Release
 Owner Temperament Letter of Reference Acknowledgement Form

Signature

Name (if parent/guardian signing)

Date

Phone number (if different from above)