



**Service Dog Class & Clinic Application Form**

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone Cell \_\_\_\_\_

Email \_\_\_\_\_

**Your Disability and Personal Information**

Please describe your disability and how it affects your daily life

\_\_\_\_\_  
\_\_\_\_\_

Your Age \_\_\_\_\_

Your dog training experience \_\_\_\_\_

**Your Dog**

Dog Name \_\_\_\_\_ Dog Age \_\_\_\_\_

Dog Breed \_\_\_\_\_

Where did you get your dog? \_\_\_\_\_

What training has your dog had to date? \_\_\_\_\_

What specific skills do you want your dog to do for you? Please be as specific as possible.

\_\_\_\_\_  
What problems (if any) do you currently have with your dog?  
\_\_\_\_\_

*Please note that in accordance to any and all privacy laws we will not distribute or share your personal information in any way.*