



S.I.T.

Supporting Independence through Teamwork

www.sitservicedogs.com

519 Kilpatrick Rd • Ava, IL 62907

Sit Service Dogs- Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

Alternative Contact: _____

Relationship: _____ Phone: (____) _____ - _____

Applicant Information:

D.O.B. _____ Sex (*circle one*) Male Female

Primary Diagnosis: _____

Any Secondary Diagnoses: _____

Doctor's Name: _____

Office Name (*if applicable*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (____) _____ - _____

Please describe the most significant symptoms of your disability(s) and how it affects your daily life:

Do you participate in any types of therapy (if yes, please include types, frequency and duration)?

What types of adaptive equipment do you use? For example, a wheelchair, crutches, hearing aids, etc...? (*if applicable*)

Employment:

Are you employed? Y / N

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ May we contact? Y / N

Basic job duties: _____

Hours: _____

Household Information:

I currently reside in a (*please circle*) house apartment duplex

Do you have access to a fenced yard/enclosed area? (*please circle*) Yes No

Other members of your household: (*please include any live in aids or assistance*)

Name: Age: Relationship:

Are there pets in the home? (list species, breed, age, indoor/outdoor, and sex)

Owning a Service Dog:

Are you physically able to care for the dog alone? *(please circle)* Yes No

If you do not feel you are capable of caring for the dog alone, who will be assisting you the dog? Please explain*: _____

Will you be able to feed the dog? *(please circle)* Yes No

Will you be able to regularly groom the dog? *(please circle)* Yes No

**We realize some individuals may need assistance from other sources to care for their service dog. Clients may contract outside assistance to help with chores such as feeding, grooming, attending veterinary appoints, etc... Often times, it is possible for a client to arrange to care for his/her dog with a few adjustments; for example, having a friend pre-measure dog food into baggies once a week so that you can empty the baggies directly into the dog's dish throughout the week, or using a professional groomer.*

How do you see a service dog improving your daily life?

What is the main reason you are interested in a service dog?

The information on this application is correct to the best of my knowledge.

Applicant Signature: _____ Date: _____

Print Name: _____

SIT reserves the right to deny services to any applicant who does not meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the agency. This application does not constitute a contract between Sit Service Dogs and the applicant indicated above.