



# SERVICE DOGS FOR AMERICA (SDA) PRELIMINARY APPLICATION

920 Short Street  
Jud, ND 58454

APPLICANT INFORMATION			
Date:		Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
First Name:	Middle Initial:	Last Name:	
Name of parent or guardian if applicant is a minor:			
Age of applicant:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female	Date of birth:	
Address:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
Email:			
Work Phone:		Occupation:	
Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DESCRIBE PERSONAL OR FACILITY NEEDS
<p>Please describe your disability or facility needs, including information about its onset and prognosis. Specifically, what are your limitations?</p>

What type of service dog would meet your needs?		
Service or Mobility Assist Dog <input type="checkbox"/>	Seizure Response Dog <input type="checkbox"/>	Diabetic Response Dog <input type="checkbox"/>
Therapeutic Dog (personal) <input type="checkbox"/>	Therapeutic Dog (facility) <input type="checkbox"/>	Specialty/Other:
		Psychiatric Assistance Dog <input type="checkbox"/>
		Autism Assistance Dog <input type="checkbox"/>

**Please explain why you want a service dog?**

**What needs or services do feel a service dog will provide for you?**

Caring for a service dog		
	Monthly Cost	Yearly Cost
How much do you think it costs for care for a service dog?		
Can you afford to pay these costs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ability to attend to daily training, attention and care		
<i>A service dog needs daily training, attention, love and care. Will you.....</i>	Yes	No
Treat the dog with appreciation and respect?		
Practice obedience regularly?		
Practice the dog's skills regularly?		
Maintain the dog's proper behavior in public and at home?		
Carry proper identification and be aware of all applicable laws pertaining to assistance dogs?		
Keep the dog well groomed and well cared for?		
Practice preventative health care for the dog?		
Obtain annual health checks and vaccinations for the dog?		
Abide by all leash and license laws?		
Follow the training program's requirements for progress reports and medical evaluations?		
Arrange for the prompt clean up of dog's waste?		
Make time to bond with your service dog each day?		
Have your service dog accompany you to work or school?		
Have your service dog accompany you on vacations?		
How many hours a day will your service dog be alone? _____hours/day		

***All applicants will be considered regardless of race, sex, religion, creed, sexual orientation and ethnic origin.***

**PLEASE MAIL, EMAIL OR FAX THE COMPLETED PRELIMINARY APPLICATION FORM TO:**

Service Dogs for America ♦ 920 Short Street ♦ Jud, ND 58454

Phone: 701-685-2242 ♦ Fax: 877-783-6953

Email: [info@servicedogsforamerica.org](mailto:info@servicedogsforamerica.org) ♦ Website: [www.servicedogsforamerica.org](http://www.servicedogsforamerica.org)