



APPLICATION:  
CAREER CHANGE CANINE ADOPTION

GREAT PLAINS ASSISTANCE DOGS FOUNDATION DBA  
SERVICE DOGS FOR AMERICA  
PO Box 513  
JUD, ND 58454

***Career changed canines cannot be used as a working service dog (or assistance dog) under any circumstances.***

Occasionally Service Dogs for America (SDA) must decide that a dog is not suitable to become a service dog because of a health or temperament issue. When we make the decision to career change a dog from our program, we review the adoption applications we've received. We find a home that will be a good match for the dog (and the potential family). Similar to how we match dogs with clients, our career changed canines are introduced to several applicants and the dog chooses the family or individual that he/she wants. All of our released dogs are spayed/neutered and their vaccinations are current. Even though they are being career changed from being a service dog, they still make wonderful pets and companions.

SDA's adoption fees range from \$400 - \$2,000 depending on the age and training history of the canine.

If you are interested in adopting one of our career changed canines, please complete the Career Change Canine Adoption Application and return it to SDA via email, fax or mail. USPS: Service Dogs for America (SDA) 920 Short Street, Jud, ND 58454. Email: [info@servicedogsforamerica.org](mailto:info@servicedogsforamerica.org) . Fax: 1-877-783-6953.

| PERSONAL INFORMATION  |                                   |                                |  |
|---|-----------------------------------|--------------------------------|--|
| Name:   |                                   |                                |  |
| Address:  |                                   |                                |  |
| City:   | State:                            | Zip:                           |  |
| Home phone:   | Work phone:                       | Cell phone:                    |  |
| Email:  |                                   |                                |  |
| Age:  | <input type="checkbox"/> Under 20 | <input type="checkbox"/> 21-35 | <input type="checkbox"/> 36-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61+ |
| Occupation:   |                                   |                                |  |
| Work schedule:  |                                   |                                |  |
| Please list the names of all persons living in your household. Include their relationship to you, their age, and if they have a disability. |                                   |                                |  |
| Name  | Age                               | Relationship                   | Disability   |
| _____   | _____                             | _____                          | _____  |
| _____   | _____                             | _____                          | _____  |
| _____   | _____                             | _____                          | _____  |
| _____   | _____                             | _____                          | _____  |
| _____   | _____                             | _____                          | _____  |

### YOUR HOME INFORMATION

Type of dwelling:  Apartment  Condo  Mobile Home  Single Family Home  Twin Home  Other  
 How many levels does your home have? \_\_\_\_\_ What is the square footage of your home? \_\_\_\_\_

Where is your residence located?  City  Suburbs  Rural

Do you have a fenced-in area?  Yes  No

If YES, how large? (approximate dimensions) \_\_\_\_\_

Where would the dog sleep?  Inside: Where? \_\_\_\_\_  Outside: Where? \_\_\_\_\_

How many hours would the dog be left alone on an average day? \_\_\_\_\_

Where would the dog be left when he/she is alone?  Indoors  Outdoors

Do you have any other animals in your home?  Yes  No

If YES, please list all current animals in the home:

| Name & Breed | Age | M/F | Altered<br>Yes/No | Indoors/<br>Outdoors | How & Why Obtained | How<br>Long? |
|--------------|-----|-----|-------------------|----------------------|--------------------|--------------|
|              |     |     |                   |                      |                    |              |
|              |     |     |                   |                      |                    |              |
|              |     |     |                   |                      |                    |              |

### MISCELLANEOUS INFORMATION

Name, address, and phone number of the veterinarian you use (or intend to use, if you do not currently have a veterinarian):

Do you have previous experience with dogs?  Yes  No

If YES, please explain:

Why do you want a career change canine?

Is there anything else you would like to tell us about yourself?

### REFERENCES

Please list two references, their relationship to you, and contact information. These references will be contacted before you can adopt a career changed canine from our organization.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_