



Heartfelt Hounds Service Dog Program Application

All required forms must be returned before your consultation will be scheduled.
Please contact us if you need assistance completing this form.

Date: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Where did you hear about Arizona Greyhound Rescue/Heartfelt Hounds? _____

Are you a U.S. Veteran? Yes ___ No ___

Can you provide a copy of your Discharge Papers and Separation Documents? Yes ___ No ___

Preferred phone: Cell ___ Home ___ Work ___ (___) _____

Alternate phone: Cell ___ Home ___ Work ___ (___) _____

Email: _____

Emergency Contact: _____ Phone: _____

How did you hear about the Heartfelt Hound Program? _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes please explain: _____

Have you ever been convicted of animal abuse or animal cruelty? Yes ___ No ___

If yes please explain: _____

Your Disability

A disability is a physical or mental impairment that substantially limits one or more of your major life activities such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. What is the nature of your disability/medical condition?

In what ways does your disability/medical condition limit your major life activities?

At what age were you disabled or diagnosed? _____

Is your disability progressive? Yes ___ No ___

In your daily living, do you have difficulties with:

___ Mobility ___ Balance ___ Bending over ___ Muscle weakness ___ Coordination ___ Depression
___ Chronic pain ___ Anxiety ___ Panic Attacks ___ Nightmares ___ Other _____

Do you use any assistive equipment?

___ Electric wheelchair/Scooter ___ Always ___ Sometimes ___ Likely will need in the future
___ Manual wheelchair ___ Always ___ Sometimes ___ Likely will need in the future
___ Walker ___ Always ___ Sometimes ___ Likely will need in the future
___ Cane ___ Always ___ Sometimes ___ Likely will need in the future
___ Prosthesis ___ Always ___ Sometimes ___ Likely will need in the future
___ Portable oxygen ___ Always ___ Sometimes ___ Likely will need in the future
___ Other ___ Always ___ Sometimes ___ Likely will need in the future

What other treatments do you use to assist with your disability/medical condition?

___ Medication ___ Support Group(s) ___ Occupational Therapy ___ Physical Therapy
___ Professional Counseling ___ Other _____

Do any medications you take affect your:

___ Mood ___ Memory ___ Alertness ___ Balance

If yes, does this affect you more during ___ Morning ___ Midday ___ Evening ___ Varies

Have you informed or discussed your application for service dog training with your primary healthcare professionals?

Primary care Physician ___ Yes ___ No ___ Not Applicable

Occupational or Physical Therapist ___ Yes ___ No ___ Not Applicable

Counselor/ Mental Health Therapist ___ Yes ___ No ___ Not Applicable

Teacher/School ___ Yes ___ No ___ Not Applicable

Caregiver(s) ___ Yes ___ No ___ Not Applicable

Other ___ Yes ___ No ___ Not Applicable

Your Lifestyle

Tell us about your hobbies, interests, recreation, entertainment or other activities you may do regularly, at or away from your home: _____

How frequently do you leave your home?

Daily Several times a week Once a week Only when I have to

How do you envision a Service Dog changing your life? _____

What transportation will you be using to attend lessons? Car Bus Taxi Van Other

Are you employed? Yes No Occupation? _____

Do you work? Fulltime Part time Days Evenings Weekdays Sat. Sun.

Are you currently a student? No Yes Grade/Level: _____

Education: Less than 12th grade High School Some College BA/BS Grad School

Your Housing and Household Members

Do you live in a House Apartment/Condo Mobile Home RV Other

If you rent or lease, does your housing provider know you will have a dog? Yes No

Has your housing provider expressed any concerns about you having a dog? Yes No

If Yes please explain: _____

Do you live in a City/Urban Area Suburban Area Rural Area

Do you have a fenced yard or outdoor enclosure? Yes No

Please describe the general size, fencing and ground cover: _____

Other adults in the home: Spouse Adult children Siblings Caregiver Other

Number and ages of children: _____

Does anyone in your household have concerns about a service dog? Yes No

If yes, please describe: _____

List other pets in your home: Cat(s) Kitten(s) Dog(s) Puppy(ies) Bird(s) Reptiles(s)

Other: _____

Who is responsible for the care of these other pets? _____

Who will be responsible for taking care of your service dog?

Task	Me	I share with	Another person
Feeding			
Exercising			
Grooming			
Potty			
Giving Medications			

If you are hospitalized, who will be responsible for take care of your service dog? _____

What type of exercise will your service dog get each day? _____

For public access rights, a service dog must be **trained to do work or perform trained tasks** that assist you with your disability. **Without including emotional support or companionship**, what tasks do you think a service dog can do to help you? _____

Where do you think your service dog will need to go with you? _____

Service Dog Training Program

I understand that:

- It can take an average of 6 to 12 months to complete the program.
- I must attend a minimum of ___ lessons every month.
- There will be a ___ lessons in my home.
- I must practice what I learn in a regular daily training sessions with my dog.
- I must make an on-going commitment to maintain my dog's training after completion of the Program.
- I must ensure that my dog is healthy and well-groomed.

What specific difficulties might you have with any of these requirements? _____

Do you have any suggestions for how we can accommodate your specific difficulties? _____

Arizona Greyhound Rescue does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin, disability, familial or marital status, sexual orientation or military status in any of its activities or operations.

Signature: _____ Date: _____

Print name: _____

Applicant information is privileged and confidential. This information is available to those involved in the applicant's consultation, training, record keeping and billing. However, such information may only be accessed on a need to know basis. Need to know is defined as the minimum use, disclosure or access necessary for one to adequately perform one's specific responsibilities. All other access is prohibited unless authorization is obtained from the applicant or unless otherwise permitted by state or federal law.