

# Service Dog Application

When filling out this form, answer questions for the person who will be using the service dog, referred to as APPLICANT, unless otherwise specified.

\* Required

Applicant's First and Last Name (Who will be using the service dog?) \*

Applicant's (the person using the service dog) Date Of Birth \*

Applicant's Gender \*

Male\_\_\_

Female\_\_\_

Other:\_\_\_

Height (In Inches) \*

Weight (In Pounds) \*

Where are you in the process of obtaining a service dog? \*

\_\_\_\_\_ RESEARCHING CONCEPT I am researching if this is something that will help us and have some questions.

\_\_\_\_\_ COMMITTED, RESEARCHING ORGANIZATIONS & FEASIBILITY We have been recommended by a professional to get a service dog.

\_\_\_\_\_COMMITTED We are definitely committed to moving forward to obtain a service dog, including ready to provide medical records, evaluation, etc

Please list any questions or readiness information regarding the above question. \*

List Names And Ages Of All Persons Living In The Home With The Applicant/ Child \*

Primary Phone Number \*

Valid E-mail Address - this will be used for all contact with you. If it changes, please email us at [info@chaoticspyder.com](mailto:info@chaoticspyder.com) \*

Address- must include city and zip code \*

State \*

How or from who did learn about Chaotic Spyder Foundation? \*

Job Description (parents if applying for a child) \*

Parent/ Guardian Full Name (s) (put n/a if applicant is an adult) \*

Address Of Guardian/ Caregiver only if different than Applicant's Address,  
including shared custody arrangements

Relationship To Applicant/ Child \*

Parent

Legal Guardian

n/a - applicant is an adult

Define The Applicant/ Child's Disability (Be As Specific As You Can) \*

Cause Of Applicant's/ Child's Disability (Be As Specific As You Can) \*

Define the Applicant's/ Child's Specific Need For A Service Dog and what tasks you would want the service dog to perform (Be As Specific As You Can) \*

Do you want the dog to attend school with the child? \*

- Definitely
- Probably
- Not Sure
- Not Necessary
- Child does not attend school

Check All Equipment In Use Currently \*

- Wheelchair- Manual
- Wheelchair- Power
- Hearing Aid(s)
- Crutches

- Cane
- Walker
- Prosthesis
- Wrist Brace(s)
- Leg Brace(s)
- Electric Scooter
- Other
- None

Do You Have Any Other Pets? \*

- Yes
- No

If Yes, List Gender, Type Of Pet, Spay/Neuter, Age, Size, Weight, Breed

Do You Have A Fenced In Yard? \*

- Full fence
- electric fence
- no fence but would install fence
- not able to install fence
- Other:

If No, Please Explain Location For Exercise And Bathroom For The Dog

Electronic Signature: by typing my name below, I validate that all information is complete and correct. I understand that this is an initial inquiry, to be followed by a full application packet if chosen to move forward in the process. I understand that I will have an evaluation if selected.

Please write any additional thoughts or questions you have regarding your initial application.