



**Submission of application,
dose not guarantee acceptance into the program!**

All information filled in below,
is for the candidate who will be enrolled in the program.

Please send application to:
Colorado Service Dogs, Inc.
3034 Quarterland Street
Strasburg, Colorado 80136

Phone: 303-622-9382

Who is this application for: ____ Adult (18+ years) ____ Child (18 and under)

Full Name: _____

Full Address: _____

Home Phone: _____

Second Phone: _____

Email: _____

Gender: ____ Age: ____ Height: ____ Weight: ____ Marital Status: ____

How many people live with you? _____

Please list all of them below. Adults (18 and over), excluding the applicant.

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Name: _____ Relation: _____ Age: _____

Highest Level of Education Attained: _____

Have you discussed with your employer/coworkers or teachers/fellow students about having a dog in the workplace/school? Yes // No

Are they supportive? Yes // No

What is your current occupation:

Name of current employer or school:

Address of current employer or school:

Employers phone number:

WORK SCHEDULE

Monday From _____ To _____

Tuesday From _____ To _____

Wednesday From _____ To _____

Thursday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Sunday From _____ To _____

What is your current living arrangement:

_____ Live independently in a house

_____ Live independently in an apartment

_____ Live independently , other _____

_____ Live with parents in a house

_____ Live with parents in an apartment

_____ Live with parents, other _____

If you live in a house, is your yard fenced? Yes // No

Are you a Veteran/Military? Yes // No
If so, is your Service connected? Yes // No

If your service is connected please give details below:

How long have you been disabled?

What caused your disability?

What is your disability or disabilities (please be very specific)?

What are your physical limitations (balance, mobility, etc.)?

Please list any additional health problems (diabetes, allergies, etc.)
Please also list how you are treated:

Do you have an attendant? Yes // No

If yes please give details below (name, how long known, etc.):

Do you drive? Yes // No

If not, how do you get around: _____

What adaptive equipment do you use if any: _____

Please describe your lifestyle (active, sedentary, etc.):

Please describe your leisure activities, past and present and how do you feel a Service Dog would help you return to these activities (hobbies, interests, sports, travel, etc.):

Please describe an average weekday in your life:

How do you handle anger and frustration with other people?

Do you feel as independent as you could be, physically and emotionally? If not explain

What do you feel would give you more physical & emotional independence?

Is anyone in the household allergic to dogs? Yes // No

If yes please give details below:

Does anyone in the household **NOT** like dogs? Yes // No

If yes please give details below:

Is anyone in the household **AFRAID** of dogs? Yes // No

If yes please give details below:

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

If yes please give details below:

Why do you need an Service Dog and what do you expect it to do for you?

Have you ever owned a dog? Yes // No

If yes, what became of the dog?

Do you feel you have a good understand of the care that is required? Yes // No

Are you prepared for all that comes along with the dog like shredding? Yes // No

Can you afford the cost of proper food and veterinarian care
(approx. \$300-500 per year)? Yes // No

What will you do, financially, if your dog has an expensive medical emergency?

Do you have time to exercise and practice with your dog daily? Yes // No

Do you have a dog now? Yes // No

Any other pets? Yes // No

Please list all pets below (from ant farms to other dogs)

Type of pet _____

Age of pet _____

How Long owned _____

Comments _____

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How Long owned _____

Comments _____

Can you modify your life to accommodate a dog's needs (pottyng, exercising)? Yes // No

Can you accept the responsibility of caring for a dog for the next 5+ years? Yes // No

Will the other members of your household, friends, and relatives cooperate with you in allowing you full control of the dog? Yes // No

Have you applied with any other Service Dog organizations? Yes // No

If yes, please provide a list of which organizations, and the outcome of the application(s):

Do you understand that by entering the CSD program, you are agreeing to abide by the CSD conditions and guidelines, and that failure to do so will result in you being removed from the CSD program? Yes // No

Do you understand that you must sign a client acknowledgment waiver? Yes - No

Client Print Name

Client Signature

Date

Organization Print Name

Organization Signature

Date