



Custom Canines Service Dog Academy
P. O. Box 105 • Sun Prairie, WI 53590
Phone: 844-888-8850 • Fax: 1-844-888-8850

APPLICATION FOR SERVICE DOG

For CCSDA Use Only Date: ____ / ____ / ____ Dog's Name: _____
Date Received: ____ / ____ / ____ HV Date: ____ / ____ / ____ Approved: ☐ Yes ☐ No
Date of Placement: ____ / ____ / ____ Items Issued: _____

CCSDA Representative Assigned: _____
Approved With Conditions (*explain*): _____
Reason For Denial: _____
CCSDA I. D. No: _____ Microchip No. _____ Tattoo No. _____

PLEASE NOTE: CCSDA requires a non-refundable application processing donation of \$50.
Please make check or money order payable to **CCSDA** and enclose with completed application. The \$50 application donation is to help defray expenses for fuel to conduct the home interview and is tax deductible.

Before completing this application, please read our Application and Placement Policies and Applicant Agreement at the end of this application.

General Information

Applicant Name: _____
(First, Middle, Last – No Nicknames)
Date of Birth: ____ / ____ / ____
Address: _____
City/State/Zip: _____
E-mail Addresses: ____ / ____
**Indicate primary email address you check frequently as this is our main mode of communication*
Work E-mail: _____
Phones: Home: _____ Work: _____
Cell: _____

Is it better to communicate with you via - email: ☐ phone: ☐ work or home H: ☐ W: ☐

Disability Information

Primary Disability: _____ How long? _____

Secondary Disability: _____ How long? _____

Please tell us about your disability. This may include Progression: _____

Assistive Devices Used: _____

Effects on Communication: _____

Range of motion, strength, endurance, balance: _____

Attendant care, personal assistance: _____

Anything else you think will help us understand this disability: _____

Employment Information~

Name of Employer: _____

Address: _____

City/State/Zip: _____

Supervisor: _____

(Name/Phone Number)

Source(s) of income: Job: ☐ Social Security: ☐ Disability: ☐

Other: _____

If employed, a volunteer, or both, please tell us:

Address: _____

City/State/Zip: _____

Supervisor: _____

(Name/Phone Number)

Full Time: ☐ Part Time: ☐ Hours/Week: _____ How long have you been employed here? _____

Describe your work/volunteer activities in helping us understand what a service dog would encounter in this environment:

Household Information~

List ALL residents of the household: *Include any part time members (i.e. shared custody of children, regular visitors).

Name	Month/year of birth	Relationship to applicant

Have all members of the household agreed to have a service dog in the home? Yes ☐ No ☐

Have all members of the household agreed to help care for the SD if required? Yes ☐ No ☐

Who will be the primary person responsible for your Service dog? _____

Are you willing to take responsibility for a dog for the next 10 or more years? _____

How much do you estimate it will cost to care for a dog for one year (food, vet bills, etc.)? \$ _____

Does anyone in your household have allergies to animals? Yes ☐ No ☐

If yes, explain: _____

Have you ever, and under what circumstances, brought an animal to a shelter or rescue or humane society?

Do you: ☐ Own ☐ Rent*** How long have you lived at this address? _____

☐ House ☐ Apartment ☐ Townhouse ☐ Condo ☐ Mobile Home

***Landlord's Name: _____

***Does your current rental allow pets? (Under ADA Law a service dog must be permitted), however, this question tells us something about how this might be received, and we can help you with this process of educating the landlord and neighbors Yes ☐ No ☐

Do you anticipate a move within the next few years? Yes ☐ No ☐

Do you have a completely fenced yard? **Yes** ☐ **No** ☐

If yes, type of fence: Wood: ☐ Chain Link: ☐ Electric Fence: ☐ Height: _____

If no, or it is not completely fenced, how will you contain a service dog on your property?

Is there a pool? **Yes** ☐ **No** ☐ If yes, is it secured? _____

Have you checked your yard for dangerous objects or plants? **Yes** ☐ **No** ☐

Results: _____

Are there distractions outside your yard? Neighboring Dog: ☐ Loose Dogs: ☐ Busy Street: ☐

Children: ☐ Other: ☐ Describe: _____

Pet History~

Do you CURRENTLY own any other pets? If so, list them here:

Name						
Species/ Breed						
Age						
M/F						
Neutered Spayed, or Intact						
Dominant/Submissive/Gets Along Fine with other dogs, children, cats, etc? Any behavior issues?						
Where is this pet kept during the day and night? How long have you had this pet						

List all animals (birds, cats, dogs, etc) you once owned but no longer own, since you turned 18:
(add additional pages if needed).

Name of animal						
Species/Breed						
M/F						
Neutered Spayed, or Intact						
Age when you got it how long you had it						
Where kept During day, night (be specific, i.e. crate etc						
Reason you no longer have it; if pet is deceased, list age of pet when it died and cause of death						

Are you able to meet the needs of a CCSDA in terms of regular veterinary care, heart worm and external parasite prevention, feeding high quality dog food, treats, grooming, exercise, play, training, and yard clean up? Will you need assistance, either physically or financially, and if so, who will provide this assistance?

How do you foresee giving a service dog exercise and play?

Personal Interests, Skills & Activities~

Please describe your basic daily schedule, activities, environments visited, how you spend your time in a typical week: (M-F may be the same, Sat and Sunday different from weekdays).

Please add any other activities or interests, travel, hobbies, recreational activities you enjoy.

Do you foresee having your service dog accompany you in your daily activities and special events? To what extent?

List 2 Personal References~

Please list **two** personal references. (**NOTE: One reference must be a non-relative**) Include Name, Relationship, Address, Telephone Numbers (please include best time to contact), and Email Address: *you may list a 3rd reference as an alternate.

Reference # 1

Name: _____
(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

Phones: Home: _____ Work: _____

Cell: _____

How long you've known them: Years: _____ Months: _____

What is their relation to the applicant: _____

Best time to contact them? _____ Best way to contact them: _____

Reference # 2

Name: _____
(First, Middle, Last)

Address: _____

City/State/Zip: _____

E-mail Addresses: _____ / _____

Phones: Home: _____ Work: _____

Cell: _____

How long you've known them: Years: _____ Months: _____

What is their relation to the applicant: _____

Best time to contact them? _____ Best way to contact them: _____

Veterinary Information~

Please list any veterinary reference(s). Please include current & previously used veterinarians used for your current pets. If you currently do not have a vet, please list the vet you plan to use for your new **CCSDA**. *You must call your veterinarian and inform them that we will be calling to check on your pet's records.*

You should do this soon after receiving confirmation from us that we are processing your application, otherwise it may result in a delay in processing your application. You have to have your vet reference processed in order to be eligible to work with a Custom Canine Service Dog candidate. Please inform your vet that you are authorizing the release of these records/information to the **CCSDA** representative who calls them. Thank you.

Vet's Name	Clinic Name	Address Including city/state	Phone number Include Area Code, email address (if applicable)

The above listed Vet is: ☐ My current Vet ☐ The Vet I plan to use with my new pet

Please tell us in your own words~

Why do you want a Service Dog? What changes/benefits do your life do you foresee a service dog bringing to you?

Describe your ideal dog (i.e. temperament, skills, activity level, size, male or female, breed preference? etc.)

Tell us how you feel about learning about service dog handling skills, attending training classes, working with volunteers during placement and transitioning, giving the time and energy needed to create and foster a working bond with a new dog?

Tell us any other information about yourself and your application for a CCSDA that you would like to include:

Thank you for your application to CCSDA!



Medical History

Physician's Release

Pages 9 thru 11 to be completed by *Primary Care Physician* and returned directly to

Custom Canines Service Dog Academy

Attn: Nicole Meadowcroft

P. O. Box 105 • Sun Prairie, WI 53590

Phone: 844-888-8850 • Fax: 1-844-888-8850

Or attach and send -via- e-mail to: nicole@customcanines.org

Name of Doctor: _____

Please release the requested medical information regarding my condition to *Custom Canines Service Dog Academy*. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Applicant Name (please print): _____

Applicant Signature: _____

Doctor/Therapist Name: _____ **Specialty:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Patient Status

Define primary disability: _____

Cause of disability:

Height: _____ Weight: _____ Attendant care, personal assistance required: **Yes** ☐ **No** ☐

Are there significant secondary disabilities? _____ if yes, please describe:

At what age was the patient disabled? _____ is the disability progressive? **Yes** ☐ **No** ☐

Is there incapacity due to drug or alcohol abuse? (Check)? **Yes** ☐ **No** ☐

Effects of Disability (Please check all that apply)

Muscular Weakness ☐ Vision Impairment ☐ Memory Loss ☐ Hearing ☐ Deafness ☐
Speech Impairment ☐ Limited Mobility ☐ Delayed Development ☐ Reduced Stamina ☐
Spasticity ☐ Coordination Problems ☐ Range of motion, endurance, balance issues ☐ None ☐

Other: _____

Patient Side Effects (please check all that apply):

Balance ☐ Depression ☐ Allergies ☐ Anger ☐ Heightened Seizures ☐ Emotions ☐
Brittle Bones ☐ Chronic Pain ☐ Seizures ☐ Heat/Cold Sensitivities ☐

Equipment required (please check all that apply):

Wheelchair: Manual ☐ Power ☐ Both ☐ Crutches ☐ Hearing Aid ☐ Cane ☐ Prosthesis ☐
Wrist Braces ☐ Walker ☐ 3-Wheel Electric Scooter ☐ Leg Brace ☐

Other: _____

Modes of Transportation Used: Car: ☐ Bus: ☐ Van: ☐ Taxi: ☐

Does patient drive: Yes ☐ No ☐

Activity of Daily Living (ADL)

Please Indicate: "Y" = Yes "N" = No "S" = Slight

1. Able to sustain an attention span ()
2. Manifesting inappropriate behavior beyond his or her control ()
3. Able to control physical and motor movement sufficient to sustain ADL ()
4. Able to exercise judgment to make decisions necessary for ADL ()
5. Capable of perception and memory to sustain ADL ()
6. Able to follow directions and learn to a degree necessary for ADL ()
7. Under medication which impairs physical or mental functioning ()
8. Capable of decisions concerning self and others' needs and safety ()

Overall Assessment

Would you recommend this individual for a Custom Canines Service Dog Academy service dog?

Yes ☐ **No** ☐

Do you think Custom Canines Service Dog Academy would benefit from a consultation with you to help facilitate placement of a service dog for this patient? **Yes** ☐ **No** ☐

Do you think this individual has the ability to care for a dog or implement the help? necessary to care for a service dog? **Yes** ☐ **No** ☐

Additional Comments and Observations

Physician's Signature: _____

Date: ____/____/____



CCSDA Application and Placement Policies

APPLICANT AGREEMENT

- I certify that the information I provided in this application is true and correct.
- I understand that to complete the processing of this application, a visit to my home will need to be scheduled by a representative of the organization. All members and pets living in the household must be present at the time of the visit. A visit to your workplace, if you are applying for a full service dog, may also be conducted.
- I authorize Custom Canine Service Dog Academy to contact any and all references to verify the information that I have provided.
- I acknowledge that any misrepresentation or falsehoods will disqualify our application. I also acknowledge that any misrepresentation/falsehood may result in termination of the placement. **CCSDA** reserves the right to refuse or deny any application.
- **CCSDA** will keep your application on file for one year. After that you will be required to fill out a new application.
- Applicants must live within the **CCSDA** service area.
- **CCSDA** may require further medical information not included on this initial application in order to process your application for a **CCSDA**.
- All applicant information will be kept confidential and the property of **CCSDA**.
- Acceptance of this application does not guarantee a placement with **CCSDA**, or a placement within any given time frame. Placements are not on a “first come, first served” basis, but are based on a careful match of skills, needs, and personalities of dogs and people alike.
- Applicant acceptance is decided without regard to race, religion, gender, or sexual orientation.
- I agree that I will attempt to help **CCSDA** in other ways as I am willing and able: with potential recipients or volunteer trainers in the training room, in fund raising efforts, in communication with the public or other clients and volunteers, etc.
- I understand that any financial gift I may choose to donate to **CCSDA** is fully tax deductible.
- I understand that a **CCSDA** dog is a helper to me but not responsible for my health or safety either by protection in home or public, alerting to dangers, or alerting others that I may need help, or delivering medications to me.
- I understand that I am responsible for the health and well-being of the service dog by providing appropriate veterinary care, grooming, high quality food, exercise, licensing, and safety.
- I understand that all service dogs in public must be on leash, unless in a dog- designated and secure off-leash area.

- I agree to have my **CCSDA** dog wear his/her vest in public and carry the ID card with me for purposes of identification as a **CCSDA** dog.
- I agree that any cost for my own travel or my own accommodations or meals during the placement process is my own financial responsibility and not covered by **CCSDA**.
- I understand that my own pets must meet the behavioral and health standards of **CCSDA** in order for a placement to occur.
- I agree not to add a new pet into my home in the first two years of placement.
- I agree to participate in Public Access testing on a periodic basis as determined by **CCSDA**.
- I agree to fully participate in home visits, interviews and training sessions as directed by **CCSDA** during the application/placement process.
- I understand that at any time during the placement process; if the **CCSDA** staff determines I am unable to meet the standards to manage care and safety for the service dog, **CCSDA** reserved the right terminate placement activities.
- I understand that if I move out of the **CCSDA** service area, I will no longer be eligible to receive support services after placement occurs.
- The **CCSDA** Board of Directors reserves the right to change these policies at any time.
- I agree that this dog is the property of **CCSDA** and I/we will not GIVE, SELL, TRADE, ABANDON, SURRENDER OR OTHERWISE TRANSFER ANY TYPE OF OWNERSHIP/GUARDIANSHIP, PHYSICAL POSSESSION OR RESPONSIBILITY for this dog to any other persons/individuals or organization (shelter/rescue/vet or otherwise) for any reason whatsoever.
- If I can no longer keep the dog I agree to notify Custom Canine Service Dog Academy. **CCSDA** will determine the best possible outcome for the service dog, taking into account the circumstances that have caused this inability to keep the dog with the client. In the case of death or changed medical conditions of the client, it may be determined, if the family wishes, that they retain the dog.
- I agree that **CCSDA** will be held completely harmless for any medical problems, behavioral problems or any incidents that may occur after placement of the **CCSDA**.
- The recipient agrees to follow support services recommendations or requirements after placement for maintaining training, behavior management, veterinary care, health, care, grooming, Public Access testing for re certification.

If the applicant is a minor, under guardianship, or a ward of the court, the parent or guardian is required by law to sign this form.

Please send a wallet size picture of your child (applicant) with this application.

Applicant's Signature: **X** _____

Date: _____ / _____ / _____

Printed Name: _____

Signature of Person: **X** _____

Assisting With This Application

Printed Name: _____

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Please Mail To:

CCSDA
Attn: **Nicole Meadowcroft**
P.O. Box 105
Sun Prairie, WI 53590

Phone: 844-888-8850 / Fax: 1-844-888-8850

Or attach and send –via- e-mail to:

nicole@customcanines.org

