



K9S 4 MOBILITY

11805 Campstool Rd

Cheyenne, WY 82007

info@k9s4mobility.org

ASSISTANCE DOG APPLICATION INFORMATION

Name _____ DOB _____ M or F _____
Address _____ City _____ St _____ Zip _____
Email _____ Home phone _____ Other phone _____
Signature of Applicant _____ Date _____

This information will be used only to determine if the applicant can benefit from the use of an Assistance Dogs as provided by K9s 4 Mobility. This application will remain confidential by K9s 4 Mobility.

MEDICAL HISTORY

Physical disability _____

Medical diagnosis _____

Date and/or age at diagnosis _____

Other disabilities _____

Current medications including doses and their use (can use separate paper if necessary) _____

Physicians information (please attach business card) _____

Length of time with Physician _____ Last visit to Physician _____

MEDICAL INFORMATION (to be completed by the physician or physician's staff)

Height _____ Weight _____ Blood pressure _____ Pulse _____ Temp _____

Is the applicant's appearance healthy? YES NO

Is the applicant on any medications which might impair their ability to make good decisions? YES NO

Is the applicant likely to exhibit behavior that is dangerous to themselves or others? YES NO

Has the applicant followed doctor recommendations and treatments as advised? YES NO

VISION INFORMATION

Vision test: NORMAL CORRECTED WITH LENSES VISUAL IMPAIRMENT LEGALLY BLIND

Right eye: _____ Left eye: _____

Comments: _____

Does the applicant have attendant care? FULL TIME PART TIME PRN NONE

Does the applicant schedule their own appointments? YES NO

Does the applicant keep scheduled appointments? YES NO Arrive on time? YES NO

Hearing test: NORMAL CORRECTED WITH AIDES HEARING IMPAIRMENT LEGALLY DEAF

Does the applicant have seizures? YES NO How often? _____

Are the seizures controlled with medication? YES NO Describe the type and length of seizures: _____

Physicians Signature: _____ Date: _____

DAILY ROUTINE

What time do you typically awake in the morning? _____

What time do you typically get out of bed in the morning? _____

Please list what activities you typically will perform on a normal day: _____

Do you typically take a nap during the day? YES NO Time/length? _____

What time do you typically go to bed at night? _____

Places you typically visit: GROCERY STORE SHOPPING CENTER DR. OFFICE CHURCH MOVIE
FRIENDS HOUSE RESTERAUNT CONCERT SPORTING EVENT SCHOOL ACTIVITY PARK
LAKE/CAMPING AIRPORT

Traveling includes: CAR/VAN PUBLIC BUS PLANE TRAIN BOAT

Do you typically travel alone? YES NO

Do you drive a vehicle? YES NO TRUCK CAR VAN W/LIFT VAN W/RAMP

Activities you perform unassisted: SHOWER RESTROOM BRUSH HAIR/TEETH COOK SHOPPING
MAKE BED DISHES CLEANING ANSWERING THE DOOR ANSWERING THE PHONE EAT
DRINK GET DRESSED/UNDRESSED TAKE MEDICATIONS

Do you have attendant care? YES NO FULL TIME PART TIME PRN

Is the attendant care a family member? YES NO

ENVIRMONMENT

Living arrangements: HOUSE APARTMENT TRAILOR OWN RENT

Accessibility: ROLL IN SHOWER RAMP LIFT ELEVATOR HOSPITAL BED

Please list all other persons in the home and if children their ages: _____

Please all other animals in the home and their age and breed: _____

Describe the outside areas where the dog can exercise: FENCED YARD INVISIBLE FENCE DOG PARK
NEIGHBORS YARD TIE OUT NONE

Are you okay with dog hair being on you and your furniture? YES NO

Are you prepared to brush your dog daily? YES NO

Are you prepared to bathe your dog when needed? YES NO

Please describe where you will place the dog's crate where they can take a break: _____

FINANCIAL RESPONSIBILITIES

Please estimate how much it will cost to feed the dog for a year: _____

Please estimate how much vet care for the dog will cost for a year: _____

Will you be able to provide all the necessary preventative care (heartworm and flea/tick) for the dog? YES NO

Veterinarian's information (please include a business card): _____

Length of time known: _____ Date of last visit: _____

Please include a letter from your Veterinarian stating:

Animals you have had in the past under their care and treatments they received

Recommending and supporting the applicant to obtain an Assistance Dog.

Commitment to providing services to the applicant and caring for the Assistance Dog.

This application must be completed in full to be considered for an Assistance Dogs from K9s 4 Mobility. Please mail to K9s 4 Mobility, 3928 Dey Ave, Cheyenne, WY 82001 or the documents can be scanned and emailed to mwoerner@k9s4mobility.org. Once the completed application is received, please allow 14 days to be contacted.