



K9S 4 MOBILITY

11805 Campstool Rd

Cheyenne, WY 82007

info@k9s4mobility.org

FACILITY (School or Courthouse) 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.

PROFESSIONAL INFORMATION

What is your profession? _____

What is your certification or license? _____

Please list the address(s) of the facility the dog will work in: _____

Please explain in detail what the dog will be doing: _____

Attach additional pages if necessary

Who is your supervisor? _____ Phone _____

Are your co-workers supportive of the dog? If not explain how you plan on overcoming this: _____

What are the hours the dog will be working? _____

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: _____

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

Places you want to the dog to visit: FRIENDS HOUSE SCHOOL SPORTS MUSIC CLASS PARK
DOG PARK LAKE/CAMPING SCHOOL ACTIVITY DOGGIE DAYCARE MEETINGS PE

Traveling includes: CAR VAN TRUCK BOAT

ENVIRONMENT

Living arrangements: HOUSE APARTMENT TRAILOR OWN RENT

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, 11805 Campstool Rd, Cheyenne, WY 82007, 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.

