



## OWNER TRAINED ASSISTANCE DOG APPLICATION

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ REFERRED BY \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PHYSICAL DISABILITY: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ WHAT DAILY TASKS DO YOU NEED ASSISTANCE WITH? \_\_\_\_\_

\_\_\_\_\_

WHAT MOBILITY DEVICES ARE YOU USING? \_\_\_\_\_

DOG BREED, SIZE AND AGE: \_\_\_\_\_

DOG EXPERIENCE: (Please explain) \_\_\_\_\_

\_\_\_\_\_

DOG TRAINING: (What obedience and skills is the dog doing now?) \_\_\_\_\_

\_\_\_\_\_

VETERINARIAN INFORMATION: \_\_\_\_\_

\_\_\_\_\_

SCHEDULE OF ACTIVITES: (Please explain what you normally do) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUBMIT** (THIS FORM WILL BE SENT TO K9S 4 MOBILITY, INC AND YOU WILL BE CONTACTED WITHIN 14 DAYS)