

Application for a Diabetic Alert Assistance Dog

| 1. PERSONAL INFORMATION | | |
|---|--------------------------------|-----------------------|
| Name: | | Date of Birth: |
| Address: | | State: Zip Code: |
| Home Phone: | Mobile Phone: | |
| Email Address: | | |
| Type of Diabetes: | Number of Years with Diabetes: | |
| Do you have any additional health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____ | | |

| 2. SCHOOL / EMPLOYMENT INFORMATION | | |
|---|--|-----------|
| Are you presently <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other | | |
| If a student, are you <input type="checkbox"/> Full time <input type="checkbox"/> Part time Grade / Year _____ | | School: |
| Address of School: | | Phone: |
| If employed, are you <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | Employer: |
| Address of place of employment: | | Phone: |

| 3. LIVING SITUATION | | |
|--|-----------------|-------------|
| Do you live in a <input type="checkbox"/> House <input type="checkbox"/> Flat/Unit? Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others? How long have you lived there? | | |
| If you rent, have you discussed this application with your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a fenced yard? | | |
| You also live with: | | |
| <input type="checkbox"/> Adults | How Many: _____ | Ages: _____ |
| <input type="checkbox"/> Children | How Many: _____ | Ages: _____ |
| <input type="checkbox"/> Dogs | How Many: _____ | Ages: _____ |
| <input type="checkbox"/> Other Pets | How Many: _____ | Ages: _____ |
| Are you or anyone living with you allergic to dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

4. LIVING WITH A DIABETIC ALERT DOG

Living with a diabetic alert dog brings with it a lot of responsibility, including routine veterinary care, vaccinations and possible emergency care. Are you aware of and prepared to assume the financial responsibilities for the assistance dog?

| | | |
|--------------------------------------|-----|----|
| Veterinary Care / Yearly Vaccination | Yes | No |
| Heartworm, Flea and Tick Control | Yes | No |
| Recommended Dog Food | Yes | No |
| Record Keeping | Yes | No |
| Daily Exercise and Play | Yes | No |
| Weekly Grooming | Yes | No |
| Emergency Care | Yes | No |

Please answer the following statements and questions:

1. I will follow the trainer's instructions on feeding and training. Yes No
2. I am able to travel to a trainer at a minimum of two visits, to work with a trainer. Yes
No
3. I will practice training with the dog (homework) 15 minutes each day. Yes No
4. I will treat the dog as a working dog, not just a pet (this also means ensuring that the dog is well behaved in public). Yes No
5. I will tell the trainer if I experience problems in training, obedience, or any other related matters. Yes No
6. I commit to exercise and play with my dog daily. Yes No
7. I consider myself knowledgeable about dogs. Yes No
8. I have experience working with dogs. Yes No
If yes, please explain _____
9. I have strong perceptions about what traits I like and dislike in dogs. Yes No
If yes, what are they _____
10. I am willing to modify my lifestyle and/or attitudes to meet the dog's ongoing physical and psychological needs (e.g.: an assistance dog lives indoors). Yes No
11. The individuals with whom I live will be able to limit their interaction with the assistance dog. Yes No
12. How much do you expect the dog to travel with you? _____
13. Would you take the dog to work, school or social events? Yes No
If no, where would the dog be while you are away? _____
14. How many hours per day would the dog be alone? _____

5. TELL US YOUR STORY