

SUSQUEHANNA SERVICE DOGS
Application Request Form
Mail to: **SUSQUEHANNA SERVICE DOGS, Partner Services Department**
1078 Gravel Hill Road, Grantville PA 17028
or Email: **SSDPartnerCoordinator@khs.org**

FULL LEGAL NAME OF APPLICANT:

_____ **Male** **Female**
Last First Middle Initial

Name of parent or guardian if applicant is a child: _____

MAILING ADDRESS: _____
Street or P.O. Box

_____ **PRIMARY E-MAIL:** _____
City County State Zip Code

TELEPHONE: HOME: () _____ CELL: () _____ WORK () _____

DATE OF BIRTH (of Applicant): _____ / _____ / _____ **ARE YOU A U.S. VETERAN?** ___yes___no
month day year

OCCUPATION (of Applicant or Parents): _____

Do you have pets? _____ How many? _____ Types (dogs, cats, birds, etc) _____

If you have pet dogs, are they spayed or neutered? _____ Friendly? _____

Do you have a strong friend or family support system?: ___Yes___ No

Are both parents willing to accept a service dog in their child's life? ___Yes___ No

FOR CHILDREN: Will the dog go to school with the child? ___Yes___ No

SERVICE DOG INFORMATION: Describe your disability needs including information about its onset, and prognosis. (Specifically, what are your limitations, do you have an electric or manual wheelchair, do you use a communication board, hearing aids, etc.?) If applying for a facility dog, please describe the population served by your facility and their needs.

Primary Disability:

Secondary Disability:

Please explain how your disability affects your life and current level of independence:

What type of dog do you feel would meet your needs?:

___Manual Wheelchair___ Power Wheelchair ___Psychiatric___ Seizure Response ___Hearing___ Balance

___Autism___ Facility___ Companion (no public access) ___In Home Service Dog (no public access)

___Other (describe): _____

What specific services do you feel an assistance dog can provide for you?

Additional comments you wish to share with the Partner Selection Committee:

_____ I acknowledge that I have read and understand the application process and eligibility requirements, and I understand the types of service dogs Susquehanna Service Dogs provides, as well as the cost.

SIGNATURE: _____ **DATE:** _____
(applicant or parent/guardian if a child)