



**SUSQUEHANNA**  
**SERVICE DOGS**  
 KEYSTONE HUMAN SERVICES

**Application Request Form**

Mailing Address: SUSQUEHANNA SERVICE DOGS, Partner Services Department  
 1078 Gravel Hill Road, Grantville PA 17028  
 (717) 599-5920 Ext. 4353

**FULL LEGAL NAME OF APPLICANT:**

\_\_\_\_\_ **Preferred Pronoun:** He /She /They  
 Last First Middle Initial

Name of parent(s) or guardian(s) if applicant is a child:

\_\_\_\_\_

**MAILING ADDRESS:**

\_\_\_\_\_

Street or P.O. Box

\_\_\_\_\_

City State Zip Code County

**PRIMARY E-MAIL:** \_\_\_\_\_ **SECONDARY E-MAIL:** \_\_\_\_\_

**PRIMARY PHONE NUMBER:** ( ) \_\_\_\_\_ **SECONDARY PHONE NUMBER:** ( ) \_\_\_\_\_

**DATE OF BIRTH** (of Applicant): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **ARE YOU A U.S. VETERAN?** \_\_Yes \_\_No  
 month day year

**OCCUPATION** of Applicant or Parent(s)/Guardian(s): \_\_\_\_\_

Do you have pets? \_\_Yes \_\_No

How many pets do you have? \_\_\_\_\_ List type of pets \_\_\_\_\_

If you have pet dogs, are they spayed or neutered? \_\_Yes \_\_No Friendly? \_\_Yes \_\_No

Do you have experience living with and caring for a dog? \_\_Yes \_\_No

Will the assistance dog attend school or work with the applicant? \_\_Yes \_\_No

**WHAT TYPE OF ASSISTANCE DOG ARE YOU INTERESTED IN APPLYING FOR?**

- Autism
- Balance Assistance
- Wheelchair Assistance
- Psychiatric/PTSD
- Hearing
- Seizure Response
- Facility
- In-Home Service  
(no public access)
- Companion  
(no public access)

Please describe your disability: \_\_\_\_\_

---

---

Explain how your disability impacts your daily life and independence: \_\_\_\_\_

---

---

How do you feel an assistance dog can help 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 assistance dogs Susquehanna Service Dogs provides, as well as the cost.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Applicant or parent/guardian if a child)