



Dear Applicant,

Thank you for applying for a TDK- DOGS DOING GOOD Service Dog.

Please complete the application and return by mail, fax or email:

**MAIL TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
1110 Pro Am Drive  
Charlotte, NC 28211

**FAX TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
Fax: (704) 365-1894

**EMAIL TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
info@dogsdoinggood.com

We look forward to reviewing your application. A staff member will contact you within one month of receipt of your application.

**Sincerely,**

**Debbie Lange**

The Dog Knowledge, LTD. / Dogs Doing Good



General Information

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Parent or Guardian Name (if under 18): \_\_\_\_\_

Birthdate : \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit#*

\_\_\_\_\_ *City* *State* *Zip Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Schooling Completed:

- High School  Associate's Degree  Bachelor's Degree  Master's  PhD

Have you discussed this application with your doctor?  Yes  No

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Who will be the third-party facilitator for the dog and child? (*must be parent or legal guardian*)

Facilitator's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_



**Living Arrangements / Lifestyle**

Which best describes the area where you live?  City  Suburban Area  Rural Area

Which best describes your home?  Apartment  Condo  House  Townhome

Do you:  Own  Rent      If Rent, are dogs allowed?  Yes  No

Do you have a fenced yard?  Yes  No      Fence Height / Type: \_\_\_\_\_

Is your home:  1 Level  2 Levels  3 or more

If apartment, what floor do you live on? \_\_\_\_\_ How many units in complex? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_      Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have many visitors? If yes, please describe:

\_\_\_\_\_

What time do you wake up in the morning? \_\_\_\_\_

What time do you retire in the evening? \_\_\_\_\_

What type of transportation do you use?

Car  Motorcycle  Van  Public Transport  Other

Are you Employed? *(If So, please complete the information below)*

Place of Employment \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Days/Hours employed weekly: \_\_\_\_\_

Have you discussed this application with your employer?  Yes  No





**Dog Related Information**

What type of Service Dog do you need?

- |  |   |
|--|---|
| <input type="checkbox"/> Allergen Detection      | <input type="checkbox"/> Medical Alert    |
| <input type="checkbox"/> Diabetic Alert          | <input type="checkbox"/> Mobility Service |
| <input type="checkbox"/> Epileptic Seizure Alert | <input type="checkbox"/> Peanut Detection |
| <input type="checkbox"/> Hearing Impaired        | <input type="checkbox"/> PTSD             |

Do you have any handling experience?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you attended Dog Obedience classes?  Yes  No

If yes, what level? \_\_\_\_\_  
\_\_\_\_\_

Where and when will your service be taken for toileting?

Where and when will your service dog be exercise and playtime?

Where/when you will take your dog: **(Please describe)**

- Work? \_\_\_\_\_
- School? \_\_\_\_\_
- Social Functions? \_\_\_\_\_
- Grocery Shopping? \_\_\_\_\_
- Other? \_\_\_\_\_

How many hours per day will your dog be alone? \_\_\_\_\_

Does your lifestyle involve frequent travel? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Will you take your dog with you when you travel?  Yes  No

Do other animals live with you or visit you frequently? If so, please describe (including breed, sex & age). Who is responsible for the care of these animals?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What size dog would you prefer?  Small  Medium  Large  No preference

Is there a particular type or breed of dog that you do NOT like? If so, please describe:

\_\_\_\_\_



Does anyone in your household have concerns about having a service dog in their home?  
If so, please describe:

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Who will assist in the daily care and training of your dog, if required? \_\_\_\_\_

Are you (or anyone in your household) allergic to dogs?  Yes  No

Are you (or anyone in your household) concerned about fleas, shedding?  Yes  No

### Your On Campus Training

**Please Note: you are required to spend 10-14 days on the TDK-Dogs Doing Good Campus being trained with your Service Dog and you must attend graduation. We cannot make exceptions to these requirements.**

We need you to verify the following: I can arrange to take time off from work/school to come to the TDK-Dogs Doing Good campus to train with my new service dog.  Yes  No

When are you able to start training with your Service Dog?

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Is fatigue a factor in your daily life? If so, please describe:

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Do you require rest periods during the day? Please describe:

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Will you bring a family member or Personal Care Assistant to training?  Yes  No

If So, would you prefer for them to stay in a separate bedroom?  Yes  No

**(Please note: TDK-Dogs Doing Good, Inc. does not provide personal care assistance and no staff member is trained as a PCA.)**

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**Information about your Disability**

Please provide a brief history of your disability (please include date of injury, if applicable)

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Please describe your body strength and range of motion:

Upper Body:

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Lower Body:

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Arms:

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Hands:

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Is one side of your body stronger than the other (left or right)?

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Do you bruise easily?  Yes  No

Could a dog put front legs up on your lap without hurting you?  Yes  No

Do you have muscle spasms in your arms or legs?  Yes  No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Is it difficult for you to function in hot weather?  Yes  No Cold Weather?  Yes  No

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Do you require assistance with daily activities?  Yes  No

Please list the equipment that you use for your disability, if any (i.e., cane, wheelchair, walker, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you use a wheelchair, do you self transfer?  Yes  No

Do you have any secondary disabilities or limitations that we should consider when choosing a dog for you? *(Please Note: TDK-Dogs Doing Good Service Dogs do not perform any traffic or safety task for the visually impaired)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your disability progressive?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your approximate body weight and height? \_\_\_\_\_

How do you feel a Service Dog could improve your life? With what specific tasks would you hope your dog would be able to do?

\_\_\_\_\_  
\_\_\_\_\_  
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If you have any questions or concerns please list them below:

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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