



Medical Background Form for a TDK- Dogs Doing Good, Inc. Service Dog

Please print this form and have it completed by your physician. This form *MUST* be filled out in its entirety and signed by the physician and the applicant before your service dog application will be evaluated.

I authorize the release to TDK- Dogs Doing Good Inc., the following information regarding my condition. This information will not be used for any purpose other than to evaluate my application for a TDK- Dogs Doing Good Service Dog to assist me in daily living. *TDK- Dogs Doing Good Inc. will keep this information confidential.*

Applicant's Name(Print): _____ Date: _____

Applicant's Signature: _____ Date: _____



To the physician completing this report:

TDK- Dogs Doing Good, Inc. greatly appreciates your time and attention in completing this form. Your information is essential for an accurate evaluation of the applicant.

Name of Applicant:	
Form completed by:	Title:
Physician's Address:	
Office Phone:	
Date of last exam:	
Length of association with applicant:	
Cause of impairment:	
Secondary:	

Prognosis and effect of impairments on applicant's ability to perform Activities of Daily Living (ADL): the ability to meet personal care needs, e.g. feeding, toileting, dressing, etc. as well as the ability to perform tasks necessary for independent services

Please describe applicant's cause of impairment and progress to date in ADL:
(please include date and location of injury which has led to this disability):



Mental/Emotional Evaluation of Applicant

Please circle Yes or No for the following:

Able to exercise judgment and make decisions necessary for ADL.	YES / NO
Able to sustain attention span.	YES / NO
Able to control physical or motor movement sufficient to sustain ADL.	YES / NO
Short-term memory intact and functioning.	YES / NO
Able to follow directions and learn to the degree necessary for ADL.	YES / NO
Capable of decisions regarding personal and others' safety.	YES / NO
Under medication which impairs functioning	YES / NO
Under medication which impairs short-term memory.	YES / NO
Manifests inappropriate behavior.	YES / NO
Is incapacity due to or affected by alcohol or drug abuse?	YES / NO
<i>* If yes, please answer the following:</i>	
Has applicant been accepted in a treatment facility?	YES / NO
Is applicant capable of rational decisions?	YES / NO
Is applicant a danger to self or others?	YES / NO
Has applicant refused treatment?	YES / NO



A TDK-Dogs Doing Good Service Dog needs daily training and attention, love and care, including periodic veterinary examinations, heartworm medication, flea control, bathing, good nutrition and emergency care.

Please answer the following (Yes or No):

Applicant is in charge of his/her environment. (e.g. pays/has control over attendants, manages own finances, would keep dog despite objections by family members.)	
Applicant is capable of practicing at least 30 minutes a day and participating in a 1-1/2 to 2 hour training session each week for approximately 4 to 6 months.	
Applicant has the maturity and self-motivation to maintain training schedule. (e.g. not quit halfway through training period, follow the trainer's instructions, not expect everything to be done for him or her, speak up with questions.)	

Remarks:

Physician Signature: _____ *Date:* _____

Please return completed form to:
TDK- Dogs Doing Good Inc.
1110 Pro Am Drive
Charlotte, NC 28211
or by Faxing to : (704) 365-1894