

**SUSQUEHANNA SERVICE DOGS**  
**Application Request Form**  
**Mail to: SUSQUEHANNA SERVICE DOGS, Partner Services Department**  
**1078 Gravel Hill Road, Grantville PA 17028**  
**(717) 599-5920 ext 3#**

**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)