



## Domesti-PUPS Mobility Dog Application

Thank you for your recent inquiry about our service dog program. Domesti-PUPS service dogs provide their owners with opportunities for a more independent life, open doors to social opportunities, and provide a lasting source of companionship.

Enclosed you will find information to consider before applying for a Domesti-PUPS service dog, information on the process of receiving a service dog, an application and medical history form. Please read all of the information provided, and complete all the questions on your forms before returning them.

Domesti-PUPS looks forward to working with you in your journey to greater independence through sharing your life with a service dog.

# Is a Mobility Dog Right for You?

*Before you apply for a service dog, here are some things to consider...*

- Service dogs can provide assistance in many of the activities of a disabled person's daily life. A service dog can provide a greater sense of independence and confidence. However, a service dog is not an instant fix, and requires a lifelong commitment from its handler. A service dog's bond and devotion to its handler is developed and sustained by the amount of time spent working, training, and playing with its handler. A solid service dog team develops over time and requires daily rehearsal of skills to reinforce the tasks and behaviors you wish for your dog to perform.
- Dogs shed. Even what people call "hypo-allergenic" breeds that have little or no shedding lose dander. Dog saliva is also a common source of allergies. Be aware of any family members that are allergic to dog dander, and whether this will cause health issues for members of the household.
- Many individuals with disabilities have 'invisible' disabilities that are not easily noticed by the public. Be aware that the addition of a service dog will take away that anonymity. People will not necessarily know what your disability is, but a service dog by your side will alert others that you have a disability.
- A service dog requires upkeep. Grooming, food, toys, monthly preventatives, and annual health checks. The average cost of food, toys, insurance and preventatives can be \$200 per month or more. Some dogs may require routine grooming every 6 to 8 weeks. These expenses are added to the costs you will have to maintain your dog.
- You will be challenged about having your dog in public places. Although there are several laws that protect persons with disabilities and their service dogs, not all people are aware or understand the law. There will be times that you have to advocate for yourself to receive access in public places.

After considering the above thoughts, if you are prepared to add the joy of a Domesti-PUPS service dog into your life, complete our application for a service dog to begin the process of being matched with your future best friend.



## What Does It Cost for a Mobility Dog?

**The cost of training a mobility service dog, providing the training camp for the individual to learn how to utilize their service dog, and specific equipment the dog may need to do his job for his handler is \$14,000.** Although that may seem like a high price-tag, when you compare the independence a car gives an able-bodied individual to the independence a service dog gives a disabled individual, the cost is really quite relative.

Our program is all-inclusive\*. The cost includes the trained service dog, the equipment the dog needs to do his/her job, the training camp (lodging/meals/activities), and 3 months pet health insurance.

Clients fundraise this amount to alleviate any out of pocket costs to receive your dog.

## The Process

The process to obtain a Domesti-PUPS service dog includes:

1. Complete and return the Service Dog Application.
2. Return the medical history form (to be completed by your physician).  
*Note: please send application and medical form together.*
3. Domesti-PUPS will then contact you to set up a 'home visit' via web conferencing tool.
4. **Once accepted, a non-refundable deposit of \$2500 will be required to reserve your spot.** You will then begin fundraising for the balance of the funds for your service dog. A suggested payment installment plan will be provided based on the schedule to receive your dog.
5. In the time between your acceptance and the placement of your service dog, there may be additional communications and informational requests.
6. Attend a 7-10 day training camp in Lincoln, Nebraska where you will receive your service dog.

\* *Travel to and from Lincoln, Nebraska for the service dog training camp is not included in the cost, this is your personal responsibility.*



## Domesti-PUPS Service Dog Program Application

**Be as honest and forthright when completing this application. Information from this document (and further communications) is used to help our team provide the best match possible for your new service dog . Innacurate information may cause dismissal to the program at any time.**

*Please note: it is a requirement of our program that the individual receiving this dog be able to understand and command the dog on their own. If this does not apply to this applicant, please request a dependent service dog or skilled home companion application instead.*

**Date:** \_\_\_ / \_\_\_ / \_\_\_

### **Applicant Contact Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Emergency Contact (Name/Relationship):** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

How did you hear about Domesti-PUPS? \_\_\_\_\_

Have you applied for, or been turned down by another service dog agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you currently on another agencies waiting list? Yes \_\_\_\_\_ No \_\_\_\_\_

**About the Applicant:**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

*What is your marital status?*

Single      Engaged      Married      Separated      Divorced      Other: \_\_\_\_\_

*Where do you live?*

House      Apartment      Dorm      Other

*With whom do you live?*

Alone      With Parents      With spouse or significant other      With attendant  
With roommates      Other: \_\_\_\_\_

*Do you live with children, or have children who visit regularly?* Yes \_\_\_ No \_\_\_

How many children? \_\_\_\_\_ What are their ages? \_\_\_\_\_

*Do any of the people you live with have allergies to dogs?* Yes \_\_\_ No \_\_\_ N/A \_\_\_

*Who is your primary caregiver?* \_\_\_\_\_

*How many attendant care hours do you require per day \_\_\_\_\_ or week \_\_\_\_\_?*

*Does your disability cause (now or in the past) you to be unable to work?* Yes \_\_\_ No \_\_\_ N/A \_\_\_

If so, please explain: \_\_\_\_\_

If no, please provide your place of employment, if applicable:

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Are you receiving disability income? Yes \_\_\_ No \_\_\_

Are you currently, or have you worked in the past with vocational rehabilitation? Yes \_\_\_ No \_\_\_

Do you consider your lifestyle right now to be (circle one):

Sedentary    Somewhat Active    Active    Very Active

What type of physical activity do you do, and how often?

___ Walking	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Jogging/Running	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Cycling	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Tennis	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Basketball/Football	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Weight Lifting	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Yard Work	___ Daily	___ Weekly	___ Monthly	___ On Occasion
___ Other:	_____			

Have you had a previous service dog? Yes \_\_\_ No \_\_\_

What are your hobbies?

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What extra-curricular activities are you involved with:

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**Education:**

*If under 18, are you a full-time student?* Yes \_\_\_ No \_\_\_ Grade Level? \_\_\_

*If yes, are there other service dogs or therapy dogs at your school?* Yes \_\_\_ No \_\_\_

*Is the principal of the school aware you are applying for a service dog?* Yes \_\_\_ No \_\_\_

If a student, do you attend a:

\_\_\_ Public School

\_\_\_ Private School

\_\_\_ Home School

If you are under 18 please provide scholastic records (request form from Domesti-PUPS if not included with the this form).

Do you have a learning disability? Yes \_\_\_ No \_\_\_ If yes, please explain:

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What is your learning style (circle all that apply): Auditory Visual Tactile

Have you ever been told that you are, or might be on the Autism spectrum? Yes \_\_\_ No \_\_\_

If yes, list what challenges you deal with:

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**About Your Condition:**

*What is your primary disability?* \_\_\_\_\_

*What caused your disability?* \_\_\_\_\_

*Please list any secondary disabilities, if any:* \_\_\_\_\_

*At what age were you disabled?* \_\_\_\_\_ *Is your disability progressive?* Yes \_\_\_ No \_\_\_

Are you currently seeing a physical/occupational therapist? Yes \_\_\_ No \_\_\_

Do you experience any side effects from medications you are taking? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

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***Check all that apply:***

*Do you have problems with:*

Deafness      Speech impairment      Reduced Stamina      Hearing Loss      Limited Mobility  
Memory Loss      Spasticity      Slowed Development\*      Vision Impairment  
Muscular Weakness      Coordination Problems      Emotional Detachment Disorder

Other: \_\_\_\_\_  
\_\_\_\_\_

*Do you have problems with:*

Allergies      Chronic Pain      Heightened Emotions      Depression      Seizures  
Balance      Skin Sensitivity      Brittle Bones      Heat/Cold Sensitivity      Flashing Lights

Other: \_\_\_\_\_  
\_\_\_\_\_

*Do you use an aid or assistive device:*

Prosthesis      Leg Brace      Wrist Brace      Hearing Aid      Walker      Crutch/Cane  
Wheelchair (Electric)      Wheelchair (Manual)

Other: \_\_\_\_\_  
\_\_\_\_\_

*Do you have any mental health or psychiatric conditions? (please circle all that apply)*

Clinical Depression      Anxiety      Bipolar Disorder      Oppositional Behavior Disorder  
Obsessive Compulsive Disorder      Attention Deficit Disorder      Anger Management Issues

Other (please specify): \_\_\_\_\_



Developmental Disorders? Autism Asperger's Sensory Sensitivities Intellectual Disability

Other (please specify): \_\_\_\_\_

Do you drink alcohol? Yes\_\_\_\_ No\_\_\_\_

If yes, how frequently do you drink? \_\_\_\_ # of Drinks per \_\_\_\_ Day \_\_\_\_ Week \_\_\_\_ Month

Do you smoke? Yes\_\_\_\_ No\_\_\_\_

If yes, how many cigarettes do you smoke per day? \_\_\_\_

Does anyone in your household smoke? Yes\_\_\_\_ No\_\_\_\_

What are the top 3 biggest challenges you face with your disability?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Additional Questions:**

Do you have any pets? If so, what types? Please list type, whether neutered/spayed, and age of each:

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

Do you have a fenced yard? Yes / No If yes, how high? \_\_\_\_\_

If you do not have a fence, are you willing to install one, or do you have access to a fenced area to exercise your dog? Yes / No

Do you have the means to properly care for a dog (grooming veterinary costs, food, vaccinations, heartworm, flea control, pet health insurance, etc.)? Yes / No

Do you have the means and/or plans to care for the dog should you require hospitalization? Yes / No

Will you be the primary caretaker of this animal? Yes / No

If not, who will take care of the dog? \_\_\_\_\_



