

Application for a Diabetic Alert Assistance Dog

1. PERSONAL INFORMATION		
Name:		Date of Birth:
Address:		State: Zip Code:
Home Phone:		Mobile Phone:
Email Address:		
Type of Diabetes:		Number of Years with Diabetes:
Do you have any additional health problems? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____		

2. SCHOOL / EMPLOYMENT INFORMATION		
Are you presently <input type="checkbox"/> Student <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		
If a student, are you <input type="checkbox"/> Full time <input type="checkbox"/> Part time Grade / Year _____		School:
Address of School:		Phone:
If employed, are you <input type="checkbox"/> Full time <input type="checkbox"/> Part time		Employer:
Address of place of employment:		Phone:

3. LIVING SITUATION		
Do you live in a <input type="checkbox"/> House <input type="checkbox"/> Flat/Unit? Do you <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others? How long have you lived there?		
If you rent, have you discussed this application with your landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a fenced yard?		
You also live with:		
<input type="checkbox"/> Adults	How Many: _____	Ages: _____
<input type="checkbox"/> Children	How Many: _____	Ages: _____
<input type="checkbox"/> Dogs	How Many: _____	Ages: _____
<input type="checkbox"/> Other Pets	How Many: _____	Ages: _____
Are you or anyone living with you allergic to dogs? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4. LIVING WITH A DIABETIC ALERT DOG

Living with a diabetic alert dog brings with it a lot of responsibility, including routine veterinary care, vaccinations and possible emergency care. Are you aware of and prepared to assume the financial responsibilities for the assistance dog?

Veterinary Care / Yearly Vaccination	Yes	No
Heartworm, Flea and Tick Control	Yes	No
Recommended Dog Food	Yes	No
Record Keeping	Yes	No
Daily Exercise and Play	Yes	No
Weekly Grooming	Yes	No
Emergency Care	Yes	No

Please answer the following statements and questions:

1. I will follow the trainer's instructions on feeding and training. Yes No
2. I am able to travel to Wildrose Kennels at a minimum of two visits, to work with a trainer.
Yes No
3. I will practice training with the dog (homework) 15 minutes each day. Yes No
4. I will treat the dog as a working dog, not just a pet (this also means ensuring that the dog is well behaved in public). Yes No
5. I will tell the trainer if I experience problems in training, obedience, or any other related matters. Yes No
6. I commit to exercise and play with my dog daily. Yes No
7. I consider myself knowledgeable about dogs. Yes No
8. I have experience working with dogs. Yes No
If yes, please explain _____
9. I have strong perceptions about what traits I like and dislike in dogs. Yes No
If yes, what are they _____
10. I am willing to modify my lifestyle and/or attitudes to meet the dog's ongoing physical and psychological needs (e.g.: an assistance dog lives indoors). Yes No
11. The individuals with whom I live will be able to limit their interaction with the assistance dog. Yes No
12. How much do you expect the dog to travel with you? _____
13. Would you take the dog to work, school or social events? Yes No
If no, where would the dog be while you are away? _____
14. How many hours per day would the dog be alone? _____

5. TELL US YOUR STORY

