



# Arizona Goldens LLC

“Service Dog Helping Others Improve their Lives”



## Physical Assistance Dog Application

**Prior to filling out the application, please review the Service Dog Overview, Process, Costs, & Criteria pamphlet located on our website at:**  
<http://www.AzGoldensLLC.com/AZG-SDOverview.pdf>

*Please Note: Application must be completed by the applicant or answered under the direction of the applicant. Application Fee and Medical Prescription for a Service Dog Must accompany Application.*

### Personal Information:

Name \_\_\_\_\_ Today’s Date: \_\_\_\_\_  
 Referred By: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender : M F  
 Street Address \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax \_\_\_\_\_  
 Marital status?  Single  Married  Separate  Divorced  Other \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt #: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_ Able to Authorize Medical Care: Yes  No

### Service Dog Information:

**What type of assistance dog are you looking for?**

- Service  Guide  Hearing Social/ Therapy
- Seizure Alert  Other \_\_\_\_\_

**List a minimum of 5 tasks you need the service dog to do for you:**

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Other: \_\_\_\_\_





**Other Information Continued:**

Do you have rest periods during the day?  Yes  No

If yes, how often and how long? \_\_\_\_\_

Have you owned a dog before?  Yes  No If yes, when, how long and what breed?

Do you currently have any pets?  Yes  No Of so please list and describe:

Species (dog/cat...) Breed Age Spayed/Neutered Live inside/outside Exposed to dogs and reaction

Where would the dog be while you are away or receiving medical care?

How many hours a day will the dog be alone per day (Typical)? \_\_\_\_\_

How Would Others Describe your Lifestyle & Personality (Check One):

- Active/Energetic/Go-Getter  Quiet/Reserved  Social  Independent/Strong  Fearful

What gender of dog do you prefer:  Male  Female  Doesn't Matter

Do you prefer:  Labs  Golden Retrievers  Either  Other \_\_\_\_\_

Are you an  Introvert (Prefer to keep to yourself) or an  Extrovert (Outgoing, Sociable)?

What are your hobbies or interests? \_\_\_\_\_

Are you part of any groups or associations (Such as AAA, ARP, Military, Union, Lion's, etc.)?

Are you a United States Military Veteran?  Yes  No

Do you travel?  Yes  No By What Means?  Car  Plane  Bus/Train

Explain why you want a service dog. What do you hope that he or she can do for you? What needs or services could a service dog provide for you?

Are you able to relieve and have a plan to clean up the waste from the dog?  Yes  No

Are you willing to raise or provide the funds necessary to get a service dog?  Yes  No

Are you able to afford the monthly & yearly costs of owning a dog?  Yes  No

Are you able to come, every day for two weeks, to train in Boot Camp in Arizona?

Yes  No  Need Other Arrangements Such as: \_\_\_\_\_

Do you use a wheelchair or mobility aides?  Yes  No List: \_\_\_\_\_



**References:**

Please list three references (non family related) and their addresses and phone numbers. Please include at least one professional reference.

Name	Address	Phone	Relationship
1.	_____		
2.	_____		
3.	_____		

May we contact these references?  Yes  No

**Disclaimer Notice:**

I \_\_\_\_\_ hereby waive and forever discharge claims for damages suffered in connection with ARIZONA GOLDENS LLC sponsored events and Boot Camp that the above (located on page 1) listed individual, their heirs, executors and administrators may have or accrue against ARIZONA GOLDENS LLC, its representatives, agents, and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of ARIZONA GOLDENS LLC.

I also release my photo to be used by ARIZONA GOLDENS LLC at their discretion.

In case of emergency, I understand that every effort will be made to contact the emergency person list on page 6. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of ARIZONA GOLDENS LLC, to hospitalize and secure proper treatment (including surgery).

I understand that the sensitive information provided in this application is for the sole purpose of evaluating the potential fit of my condition and needs with a potential AZG Service dog. I understand fully that due to certain circumstances, I may not qualify to continue on with the process to receive a service dog and the \$25 application fee is non-refundable.

I understand that AZG and its employees, volunteers, and processes does not discriminate based on Race or Color; National Origin; Religion; Sex; or Familial Status.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Applicant Name & Signature: \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian Name & Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Name & Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Remember to Include a Copy of your Doctor's Prescription for a Service Dog & The \$25 Application Fee!**