

APPLICATION FOR A COMPANION/THERAPY DOG

FOR OFFICE USE ONLY

Date Received _____ Office # _____

Please fill in all blanks and print or type your answers.

Applicant's Name (Mr./Mrs./Ms.) _____ Date _____
Address _____ Date of Birth _____
City _____ County _____ State _____ Zip _____
Home Phone () _____ TDD? Yes/No _____ E-mail Address: _____
Spouse or Partner's Name _____ Date of Birth _____

NAME OF HEARING PERSON OR RELATIVE WE CAN CONTACT NEAR YOUR HOME:

Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____
Phone Number () _____

MEDICAL HISORY

Are you (or anyone you live with) allergic to dogs? _____ If yes, please tell us who is allergic and to what extent: _____

Do you have impaired hearing or hearing loss? _____

Do you have impaired vision? _____ Describe how much and what type (example: tunnel vision): _____

What is the cause of your vision or hearing loss? _____

Would a specific color of dog be easier for you to see? (Example: white, black, etc.) _____

Do you have arthritis? _____ If yes, please explain in detail: _____

Do you have any walking or balance problems? _____ If yes, please explain: _____

Do you use a walker, cane, wheelchair or scooter? _____

Do you have any restricted use of your arms or hands? _____ If yes, please explain: _____

Do you use a caregiver? _____

Do you have any other physical or mental disabilities or medical problems other than deafness? _____

If yes, please explain: _____

ABOUT YOUR DAILY LIFE

List any hobbies or sports you participate in: _____

Explain your daily routine: _____

What type of transportation do you use? _____

How many people do you live with? _____

Please give their names, ages and relationships to you: _____

Do you live with anyone that has physical or mental disabilities? Please explain: _____

Are children frequently in your home? (grandchildren, baby-sitting, etc.) Yes _____ No _____

If yes, what are their ages? _____

RESIDENCE

Do you live in a house _____ apartment _____ duplex/condo _____ mobile home _____ dorm _____

If apartment or dorm, what floor? _____ Do you rent or own your home? _____ Any steps in your home? _____

Your State and Federal laws gives you the right to have a hearing dog wherever you live.

Have you told your landlord/Resident Assistant that you may be getting a hearing dog? _____

Are they supportive? _____ Do you need a letter from us for your landlord/Residence Assistant? _____

Do you have a yard? _____ Is it fenced? _____ Type of fencing? _____

Will you be moving within the next year? _____ If so, please estimate when: _____

Also, please include diagram of your home and indicate location of sounds and steps.

DOG INFORMATION

How many hours will the dog ever be left alone? _____

Approximate how often and indicate reasons you cannot take dog with you? _____

Have you ever owned a dog? _____ Do you have a dog now? _____

(If you have a dog now, you will need to find another home for it before you can receive a hearing dog.)

Are you able to walk a dog daily? _____ If no, please explain: _____

How much will the dog travel with you? _____

All of IHDI's dogs come from animal shelters and are of mixed breeds. You can request a specific size of dog and let us know your likes and dislikes. We will select a dog that we feel will match your situation the best.

What size dog would you like? _____ Small (up to 20 lbs.) _____ Medium (20-35 lbs.) _____ Large (35-50 lbs.)

Is there a kind of dog you like? _____ Dislike? _____

Do you have any other pets? _____ What kind? _____

Please tell us the reasons you want a dog:

How did you hear about International Hearing Dog (newspaper, TV, internet, club, another IHDI recipient, etc.)? _____

From what source did you receive this application (our office, counselor, service club, etc.)? _____

Please allow 2 weeks for a review of your application, once received. You will then be contacted by letter or e-mail regarding your application status.

I have read and understand all the questions and information on this application. The answers I have given, to the best of my ability, are true and accurate.

Applicant's signature

Date

Signature of person who filled out
application, if different from applicant.

Date