



Canine Helpers for the Handicapped, Inc.

5699 Ridge Road
Lockport, NY 14094
(716) 433-4035

Custom Trained Assistance Dogs
Beverly D. Underwood, Executive Director

<http://CanineHelpers.NetFirms.com>

chhdogs@aol.com

APPLICATION FOR ASSISTANCE DOG

TYPE OF ASSISTANCE DOG: Service ____ Hearing ____ Seizure Alert ____ Multi-Service ____ Therapy ____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ TTY No. (____) _____

E-Mail: _____

Date of birth: _____ Occupation: _____

Place of employment: _____

Work Phone or TTY: _____

Schooling Completed: _____

Name of a Relative or Friend we can contact if needed: _____

Relationship _____ Address _____

City _____ State _____ Zip _____ Phone _____

Do you live in the: City _____ Suburbs _____ Country _____ Farm _____

Do you live in: House _____ Apartment _____ Other – _____

How many floors do you use? _____ How many people do you live with? _____

Please list their relationship, age, and handicap, if any _____

Are you or anyone in your household allergic to dogs? _____ Do you have a fenced yard? _____

Please describe your disability _____

Do you have a hearing loss? _____ If so, please describe it and include a current audiogram. _____

Do you use: Oral Speech _____ Lip Reading _____ Sign Language _____

Do you have a vision loss? _____ If so, please describe it and include a report from your optometrist.

Please give a complete description of your physical condition and limitations. _____

Do you have seizures? _____ What type? _____

Frequency of seizures: _____

Are you: Fully independent _____ Partially Independent _____ Other – _____

Please describe _____

What is your Height: _____ Weight: _____

Do you use a: Cane _____ Walker _____ Crutches _____ Wheel Chair _____ Other – _____

What size dog do you prefer? Small _____ Medium _____ Large _____

Do you prefer: Male _____ Female _____ Either _____

Do you have a breed preference? _____

Will you use oral speech or hand signals with your dog? _____

Will your dog go with you to: Work _____ School _____ Social _____ Everywhere _____

What forms of transportation will you and your dog use? Car _____ Taxi _____ Bus _____

Air plane _____ Subway _____ Train _____ Boat _____ Other _____

Where will your dog ride in the car? Front: seat _____ floor _____ Back: seat _____ floor _____

Will your dog be allowed on the furniture? _____ Do you have time to train with your dog daily? _____

Will you be able to: Feed the dog _____ Brush the dog _____ Exercise the dog _____ Bathe the dog _____
Clean up after the dog _____ LOVE THE DOG _____ If you are unable to do any of the above, is
there someone who will help you? _____ Name _____

Can you afford the cost of proper feeding and veterinarian care? _____

Have you ever owned a dog before? _____

Do you currently own any pets? _____ Please list _____

If you own pets, do they get along with dogs? _____ If not, are you willing to place them in new homes? _____

Are you an active or quiet person? _____ Do you travel frequently? _____

If so, what types of places do you visit? _____

Will your dog go with you? _____ Do you spend a lot of time outside or inside? _____

Do you have any special interests or hobbies _____ Please describe _____

If you are applying for a hearing dog, what sounds do you need your dog to respond to? Please number
them in order of importance.

- | | | |
|-------------------|----------------------------------|----------------------------------|
| _____ Door bell | _____ Door knock | _____ Telephone or TTY |
| _____ Stove timer | _____ Alarm clock (buzz or bell) | _____ Smoke alarm (brand: _____) |
| _____ Tea kettle | _____ Baby crying | _____ Your name (_____) |
| _____ Car horn | _____ Emergency siren | _____ Other: _____ |

Please list the things you would like your dog to do: _____

Where did you hear about us? _____

Will you work with us to fund raise for your dog? _____ Are you affiliated with any community service organizations? _____ If so, please list _____

Have you answered all questions completely and to the best of your knowledge? _____

*Please include a little write up about yourself, why you want a dog, and how it will benefit you.

Signature _____ Date _____

Be sure to enclose:

- 1) Application Fee
- 2) Completed application
- 3) Medical History Report
- 4) Other doctor reports on specific disabilities
- 5) Story about yourself
- 6) Directions to your home from a main road.