



Service Dog Application

NorthEast Wisconsin Service Dogs, Inc.
2221 S. Webster Ave. Suite A #177
Green Bay, WI 54301
(920) 362-3647

Name _____ Date _____

Home Address _____ City _____

State _____ Zip Code _____ Email _____

Phone _____ Alt. Ph _____

Nearest Relative _____ Relationship _____
Their Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Disability-Related Information

Date of Birth _____ Sex _____ Height _____ Weight _____

Disability? _____

Onset _____

Cause of your disability? _____

Is your disability progressive? ___ Yes ___ No If yes, please explain.

Are there significant secondary disabilities? ___ Yes ___ No If yes, please describe.

What are the effects of your Disability? (Circle all that apply)

- Deafness
- Speech Impairment
- Reduced Stamina
- Vision Impairment
- Hearing Loss
- Coordination Problems
- Limited Mobility
- Muscular Weakness
- Spasms
- Memory Loss
- Slowed Development
- Vision Impairment
- Other



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Do you have any problems with: (Circle all that apply)

Allergies Chronic Pain Depression Seizures Skin Sensitivity Balance
Brittle Bones Heat/Cold Sensitivity Chemical Dependency

Do you use aids or assistive devices? (Circle all that apply)

Wheelchair (Power) Wheelchair (Manual) Scooter Crutch Cane Walker
Prosthesis Wrist brace Leg Brace Hearing Aid Other

Do you employ personal care attendants? ___ Yes ___ No
If yes, what is the number of hours covered by your PCA(s) per week? _____

Education and Work Information

Level of Education Completed _____

Focus of Study _____

Are you currently employed: ___ Yes ___ No If yes, what is your occupation?

Who is your employer? _____ hours/week _____

Would a service dog accompany you to work? ___ Yes ___ No

If yes, will you feel comfortable discussing this with your employer? ___ Yes ___ No

If you spend a significant amount of time at a volunteer job, please list.

Hours per week as a volunteer _____

Personal and Lifestyle Information

Are you: _____ Single _____ Married _____



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Do you live: alone with spouse/significant other with parents
 with roommates with attendant other (please explain)

Do you live in a house duplex trailer apartment or dorm: what floor?
other (please explain) _____

Is there an elevator? Yes No

Are pets permitted where you live? Yes No

Please explain any restrictions. _____

Does your current living area have a fenced area? Yes No
If yes, please describe the type of fence and approximate size of fenced area.

If no, please describe how you will ensure the safety of your dog:

Do you plan to move in the near future? Yes No

If yes, where? _____

Do you live with or have children who visit frequently? Yes No

If yes, what are their ages? _____

Does anyone you live with have allergies to dogs? Yes No

If yes, what is their relationship to you? _____

Do you: (circle all that apply)
Drive Ride Public Buses Ride Metro Mobility Buses Driven by Others
Fly Occasionally Fly Frequently Travel Distances on Foot/Wheels Other



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Pet Experience Information

Have you owned a dog before? ___Yes ___No

Do you own a dog now? ___Yes ___No If yes, breed/age? _____

Do you own any other pets? ___Yes ___No If yes, what are they?

Have you ever done any obedience training with a dog? ___Yes ___No

If yes, please describe _____

Service Dog Needs and Expectations

What are the most important tasks you would like a service dog to do for you?

Would you consider a "Home Helper" dog? A Home Helper dog assists around the home and is not recommended by NEWSD for full public access _____

How often will you be able to take the dog outside for elimination? _____

Who will pick up the dog's feces? _____

How will the dog get physical exercise? _____

If you received a service dog, how much time will the dog be alone during the day? _____

Where will you keep the dog when it is alone? _____



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Would you be able to attend the three to five weeks of Team Training Course at our training facilities? ___ Yes ___ No

If no, please explain _____

How did you hear about NorthEast Wisconsin Service Dogs?

Do you know anyone who has a service dog? ___ Yes ___ No If yes, who?

Additional Questions

Please list any questions you may have.

Applicant Signature

Date

Other (if applicant is not filling out this form)

Date

Please remember to include your \$25 application fee. Thank you!

**Return to: N.E.W. Service Dogs, Inc.
2221 S. Webster Ave., Suite A #177
Green Bay, WI 54301
920-362-3647**

Date received: _____
Date interviewed: _____
Status: _____