



Dear Applicant,

Thank you for applying for a TDK- DOGS DOING GOOD Service Dog.

Please complete the application and return by mail, fax or email:

**MAIL TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
1110 Pro Am Drive  
Charlotte, NC 28211

**FAX TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
Fax: (704) 365-1894

**EMAIL TO:**

TDK-Dogs Doing Good  
Attn: Debbie Lange – Applications  
info@dogsdoinggood.com

We look forward to reviewing your application. A staff member will contact you within one month of receipt of your application.

**Sincerely,**

**Debbie Lange**

The Dog Knowledge, LTD. / Dogs Doing Good



General Information

Applicant Name: \_\_\_\_\_  
*Last First M.I.*

Parent or Guardian Name (if under 18): \_\_\_\_\_

Birthdate : \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_  
*Street Address Apartment/Unit#*  
\_\_\_\_\_  
*City State Zip Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Highest Level of Schooling Completed:

- High School  Associate's Degree  Bachelor's Degree  Master's  PhD

Have you discussed this application with your doctor?  Yes  No

Physician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Who will be the third-party facilitator for the dog and child? *(must be parent or legal guardian)*

Facilitator's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_



Living Arrangements / Lifestyle

Which best describes the area where you live?  City  Suburban Area  Rural Area

Which best describes your home?  Apartment  Condo  House  Townhome

Do you:  Own  Rent If Rent, are dogs allowed?  Yes  No

Do you have a fenced yard?  Yes  No Fence Height / Type: \_\_\_\_\_

Is your home:  1 Level  2 Levels  3 or more  
If apartment, what floor do you live on? \_\_\_\_\_ How many units in complex? \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have many visitors? If yes, please describe:

\_\_\_\_\_

What time do you wake up in the morning? \_\_\_\_\_

What time do you retire in the evening? \_\_\_\_\_

What type of transportation do you use?

Car  Motorcycle  Van  Public Transport  Other

Are you Employed? (If So, please complete the information below)

Place of Employment \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Days/Hours employed weekly: \_\_\_\_\_

Have you discussed this application with your employer?  Yes  No



Are you Active Military or a Veteran of the Military? (If So, please complete the information below)

In which branch of the military do/did you serve?

- Airforce  Army  Coast Guard  Marines  Navy

Date(s) of Service: \_\_\_\_\_ Date(s) of Combat Injury: \_\_\_\_\_

Geographic Location of injury: \_\_\_\_\_

Current Rank or Rank when retired: \_\_\_\_\_

Do you do Volunteer Work? (If So, please complete the information below)

Organization or Individual that you volunteer for: \_\_\_\_\_

Volunteer Duties: \_\_\_\_\_

Do you want your Service Dog to accompany you?  Yes  No

Weekly Volunteer Hours: \_\_\_\_\_

Please tell us a little more about yourself—hobbies, activities, clubs, interests, etc.:

Multiple horizontal lines for writing.



Dog Related Information

What type of Service Dog do you need?

- Checkboxes for Allergen Detection, Diabetic Alert, Epileptic Seizure Alert, Hearing Impaired, Medical Alert, Mobility Service, Peanut Detection, PTSD

Do you have any handling experience? Yes No

If yes, please describe:

Have you attended Dog Obedience classes? Yes No

If yes, what level?

Where and when will your service be taken for toileting?

Where and when will your service dog be exercise and playtime?

Where/when you will take your dog: (Please describe)

- Checkboxes for Work, School, Social Functions, Grocery Shopping, Other with lines for description

How many hours per day will your dog be alone?

Does your lifestyle involve frequent travel? If so, please describe:

Will you take your dog with you when you travel? Yes No

Do other animals live with you or visit you frequently? If so, please describe (including breed, sex & age). Who is responsible for the care of these animals?

What size dog would you prefer? Small Medium Large No preference

Is there a particular type or breed of dog that you do NOT like? If so, please describe:



Does anyone in your household have concerns about having a service dog in their home?  
If so, please describe:

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Who will assist in the daily care and training of your dog, if required? \_\_\_\_\_

Are you (or anyone in your household) allergic to dogs?  Yes  No

Are you (or anyone in your household) concerned about fleas, shedding?  Yes  No

**Your On Campus Training**

***Please Note: you are required to spend 10-14 days on the TDK-Dogs Doing Good Campus being trained with your Service Dog and you must attend graduation. We cannot make exceptions to these requirements.***

We need you to verify the following: I can arrange to take time off from work/school to come to the TDK-Dogs Doing Good campus to train with my new service dog.  Yes  No

When are you able to start training with your Service Dog?

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Is fatigue a factor in your daily life? If so, please describe:

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Do you require rest periods during the day? Please describe:

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Will you bring a family member or Personal Care Assistant to training ?  Yes  No

If So, would you prefer for them to stay in a separate bedroom?  Yes  No

***(Please note: TDK-Dogs Doing Good, Inc. does not provide personal care assistance and no staff member is trained as a PCA.***

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Information about your Disability

Please provide a brief history of your disability (please include date of injury, if applicable)

Four horizontal lines for text entry.

Please describe your body strength and range of motion:

Upper Body:

Three horizontal lines for text entry.

Lower Body:

Three horizontal lines for text entry.

Arms:

Three horizontal lines for text entry.

Hands:

Three horizontal lines for text entry.

Is one side of your body stronger than the other (left or right)?

Two horizontal lines for text entry.

Do you bruise easily?  Yes  No

Could a dog put front legs up on your lap without hurting you?  Yes  No

Do you have muscle spasms in your arms or legs?  Yes  No

If so, please describe:

Two horizontal lines for text entry.

Is it difficult for you to function in hot weather?  Yes  No Cold Weather?  Yes  No

Horizontal line at the bottom of the page.



Do you require assistance with daily activities?  Yes  No

Please list the equipment that you use for your disability, if any (i.e., cane, wheelchair, walker, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you use a wheelchair, do you self transfer?  Yes  No

Do you have any secondary disabilities or limitations that we should consider when choosing a dog for you? *(Please Note: TDK-Dogs Doing Good Service Dogs do not perform any traffic or safety task for the visually impaired)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your disability progressive?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

What is your approximate body weight and height? \_\_\_\_\_

How do you feel a Service Dog could improve your life? With what specific tasks would you hope your dog would be able to do?

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\_\_\_\_\_  
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\_\_\_\_\_  
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If you have any questions or concerns please list them below:

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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