



Wisconsin Academy
 for Graduate Service Dogs, Inc.
 1337 Greenway Cross, #157
 Madison, WI 53713
 (608) 250-9247

Service Dog Application Form

Instructions: Please complete and return the following items to WAGS:

- Service Dog Application Form
- Signed Applicant Agreement
- Vaccination records for current pets (if applicable)
- \$25 Application Fee
- Medical History Form: Have your physician complete and mail the form to WAGS
- Professional Reference Form: Have your PT, OT, Case Worker, Psychologist or Rehab Counselor complete and mail the form to WAGS

Today's Date: _____

Applicant Information

Name: _____

Address: _____

Birthdate: _____

Phone: _____ home _____ work _____ cell

Email: _____ home
 _____ work

Household Information

Do you live in a: House / Condo / Apartment / Duplex / Mobile Home (circle one)

Do you: Rent / Own / Live with relatives (circle one)

Fenced Yard: Yes / No

Please list all members of your household:

Name	Relationship	Age

Is anyone in your household allergic to dogs? Yes / No _____

Please list all pets you currently have in your household:

Pet Name	Species/Breed	Sex	Age	Neutered/Spayed
				Yes / No
				Yes / No
				Yes / No
				Yes / No

** Please attach proof of vaccination for all of the pets listed above**

Current Veterinarian

Name: _____

Address: _____

Phone: _____

Employment Information (if applicable)

Occupation: _____

Employer: _____

Address: _____

Typical Work Schedule: _____

Please describe a typical workday: _____

Education Information

Are you currently a student? Yes / No

If yes: What school are you attending? _____

How many hours/day are you in school (average): _____

If no: What level of education have you completed? _____

Medical Information

Disability: _____

Date of onset: _____

What assistive devices do you use? (circle all that apply)

Cane / Crutches / Walker / Manual Wheelchair / Motorized Wheelchair / Scooter

Other: _____

Are you able to transfer independently? Yes / No If no, describe how you transfer: ____

Are you able to walk? Yes / No If yes, how far (or how long) can you walk? _____

Can you lift your arms up to shoulder level? Yes / No _____

How much strength do you have in your hands? (circle best answer)

Normal / Some Weakness / No Strength _____

Do you have any problems communicating verbally? Yes / No If yes, please describe:

Do you have any vision or hearing problems? Yes / No If yes, please describe: _____

Do you require attendant care? Yes / No If yes, please describe: _____

What forms of transportation do you use? (circle all that apply)

Drive myself / Driven by others / City bus / Transportation service

Other: _____

Recreational Interests

Please list the activities you enjoy doing (ex. hobbies, recreation, social activities, etc)

Autobiography

Please use this page (and additional pages, if needed) to tell us about yourself. Include a description of your typical daily activities and places you go on a regular basis. Also describe how your disability affects your life and your current level of independence.

APPLICANT AGREEMENT

I, _____, certify that the information
(print name)
provided in this application is true and correct, AND understand and agree:

1. to give permission to WAGS to verify this information through whatever reasonable means necessary.
2. that a \$25.00 non-refundable fee is required in order to apply for a WAGS Service Dog or Home Helpmate Dog, and have enclosed my check or money order for that amount.
3. that clients and dogs are matched based on a number of factors including compatibility and training requirements and not on a "first come, first served" basis.
4. that after receipt of this application package, Medical History and Professional Reference forms, WAGS will contact me about scheduling a personal interview that will take place at the WAGS facility.
5. that WAGS will schedule a home visit and, if applicable, visit my work environment.
6. that, if there are existing pets in the home, a WAGS dog will be brought to my home to interact with my pet(s) as part of the home visit. WAGS staff will determine if the pet(s) will be compatible, behaviorally and medically, with a WAGS dog.
7. that I will maintain no more than one other dog in my household at the time of placement of a WAGS dog. Further, that I agree that if a WAGS dog is the sole dog in my household, I will not acquire another pet dog within the first year of placement.
8. that, if accepted, I will be added to the waiting list and understand that the wait to receive a WAGS dog is approximately 1-2 years.
9. that being accepted into the WAGS program does not guarantee placement with a dog. WAGS reserves the right during this process (up to and including Team Training) not to make a placement with any applicant who is, for any reason, not able to meet WAGS standards to manage care for an assistance dog effectively and safely.
10. that my acceptance into the WAGS program will be decided without regard to race, religion, color, gender or sexual orientation.
11. that all information contained in this application will remain confidential and property of WAGS.

12. that I authorize my veterinarian to release any information requested by WAGS.
13. that I have the financial responsibility of caring for the assistance dog, including providing quality food, veterinarian visits, all health care, and professional grooming (if I cannot do the latter myself).
14. that all WAGS dogs must be on leash at all times in all indoor and outdoor public venues, unless that venue is a park or other facility with a designated, secured off-leash area. The dog's leash must be hand-held or otherwise attached to their handler or a wheelchair.
15. that I will receive from WAGS, at the time of my telephone interview, a current price for a WAGS dog that will be honored at the time of placement. I further agree to pay WAGS, Inc. as follows: 50% of the purchase price for a WAGS dog paid at the time of placement, and 50% due 6 months from the date of placement (if WAGS approves placement).
16. that WAGS dogs are responsive, not responsible. A WAGS dog will not take responsibility for the safety of the recipient. A WAGS dog does not have the ability to determine if a situation is dangerous or safe (ex. traffic, strangers).

Applicant Signature

Date

*If the applicant is a minor, under guardianship, conservatorship or a ward of the court, the parent or guardian is required to sign below pursuant to state and federal law.

Guardian Name (print)

Date

Guardian Signature

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Authorization to Release Medical History

Applicant Instructions: Please provide the information requested below. Give this page and the attached Medical History Form to your Physician. Once completed, the forms should be returned to WAGS.

Applicant Name (print): _____

Address: _____

Phone: _____

Physician,
Please release to the Wisconsin Academy for Graduate Service Dogs (WAGS) any requested information regarding my condition. The information you provide will be used to evaluate and assess my application for a WAGS Service Dog. WAGS will keep this information strictly confidential and will not share it with anyone but the professional staff of the agency that is involved in evaluating my application request or in providing services for me.

Applicant Signature

Date

* If the applicant is a minor, or under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Guardian Name (print)

Date

Guardian Signature

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Medical History Form

To the Physician: Please complete this form and return it to the Wisconsin Academy for Graduate Service Dogs (WAGS). This form is needed to complete your patient's application for a WAGS Service Dog. The information provided will help WAGS determine the applicant's suitability for a service dog, and to plan a training program that takes into consideration the applicant's medical conditions. All medical information about the applicant will be kept strictly confidential.

Physician Information

Name: _____

Address: _____

Phone: _____

Applicant Information

1. Applicant's Name: _____

2. What is the applicant's primary disability? _____

What is the prognosis of the disability? _____

3. Please list any secondary disabilities: _____

4. Does the applicant's disability affect their cognitive abilities or functioning in any capacity?

Yes / No *If yes, please describe* _____

5. Does the applicant have a history of seizures? Yes / No _____

6. Do you have any concerns about the applicant's ability to physically tolerate the training

required to work with a service dog? Yes / No *If yes, please describe:* _____

7. Do you have any concerns about the applicant's ability to cognitively participate in the training? Yes / No *If yes, please describe:* _____

8. Do you have any concerns about the applicant's ability to care for a service dog? Yes / No *If yes, please describe:* _____

9. Why do you feel the applicant would benefit from having a service dog? _____

10. Are there any additional comments you wish to make that might help us in evaluating your patient's application for a service dog? _____

Your Signature _____ Date _____

** Thank you **

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Professional Reference Form

Applicant Instructions: Please provide the information requested on the first page of this form. The Professional Reference Form should then be completed by your Occupational Therapist, Physical Therapist, Rehabilitation Counselor, Psychologist or Case Worker. The completed form should be returned to WAGS.

Applicant Name (print): _____

Address: _____

Phone: _____

Healthcare Provider,

Please release to the Wisconsin Academy for Graduate Service Dogs (WAGS) any requested information regarding my condition. The information you provide will be used to evaluate and assess my application for a WAGS Service Dog. WAGS will keep this information strictly confidential and will not share it with anyone but the professional staff of the agency that is involved in evaluating my application request or in providing services for me.

Applicant Signature

Date

* If the applicant is a minor, or under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Guardian Name (print)

Date

Guardian Signature

Professional Reference Form

To the Healthcare Provider: Please complete this form and return it to the Wisconsin Academy for Graduate Service Dogs (WAGS). This form is needed to complete your patient's application for a WAGS Service Dog. The information provided will help WAGS determine the applicant's suitability for a service dog, and to plan a training program that takes into consideration the applicant's medical conditions. All medical information about the applicant will be kept strictly confidential.

Provider Information

Name: _____

Title: _____

Address: _____

Phone: _____

Applicant Information

11. Applicant's Name: _____

12. What is the applicant's primary disability? _____

13. What is the prognosis of the disability? _____

14. Please list any secondary disabilities: _____

15. Does the applicant's disability affect their cognitive abilities or functioning in any capacity? Yes / No *If yes, please describe:* _____

16. Do you have any concerns about the applicant's ability to physically tolerate the training required to work with a service dog? Yes / No *If yes, please describe:*

17. Do you have any concerns about the applicant's ability to cognitively participate in the training? Yes / No *If yes, please describe:* _____

18. Do you have any concerns about the applicant's ability to care for a service dog? Yes / No *If yes, please describe:* _____

19. Why do you feel the applicant would benefit from having a service dog? _____

20. Are there any additional comments you wish to make that might help us in evaluating your patient's application for a service dog? _____

Your Signature _____ Date _____

** Thank you **