

Canine Hope for Diabetics Application

Name:

Date:

Address:

County:

Phone: (H) (W)

Email:

Birthdate:

Weight: Height:

Emergency Contact Name:

Emergency Contact Address:

Emergency Contact Phone Number:

Presently: Student Employed Unemployed Other

If student please list current grade, school address, & principal's name:

If employed list occupation, employer, employer's address, & name of supervisor.

Referred By:

Please list other assistance dog organizations you have applied to and your status with them:

Type of diabetes and age of onset.

Do you smoke?

Does anyone in your household smoke?

Do you use a wheelchair?

If so is it electric or manual?

Do you use any other mobility aids?

Do you require the assistance of an aid or family member for daily living skills?

If so what are that person's responsibilities and number of hours worked?

Do you currently own and operate a motor vehicle?

Do you have any pets?

Please list:

Please list your sources of income:

Please list all the people residing in your home and their ages:

If parents are separated what type of child custody has been arranged?

Do you feel you have a good family support system at home that are all accepting of a service dog?

Do you have a fenced in yard?

Do you have any experience working with animals?

If yes please explain:

Please list any prior veterinarian's

Would you be able to come to the organization during and at the end of training your alert dog or fund a trainer coming to you from Canine Hope for Diabetics?

* Please include with your application a letter of recommendation written by someone outside your immediate family.

* Please include your last few A1C results and a month's worth of blood sugar logs.

This information helps us see where you are at and aides us in better training your service dog.

PLEASE COMPLETE ESSAYS ON SEPARATE PIECES OF PAPER

Essays must be in the words of person applying for dog.

DESCRIPTION OF RECIPIENT ESSAY

The purpose of this essay is to enable Canine Hope to understand your physical traits, lifestyle, diabetes, activities and personality. Through a detailed description of yourself, your home, your

family, and your activities including sports you may play, we can better establish the suitability of your situation for a service dog. Please be as precise and comprehensive as possible. Use as much space as you feel necessary for us to get to know you!

MEANING AND FUNCTION OF A SERVICE DOG ESSAY

Please explain why you feel a service dog would be beneficial. Which of your daily activities could be accomplished more easily and independently with the help of a service dog? How do you feel a service dog could help you? What do you feel you will be able to offer the dog in return?

If you have further questions regarding the Canine Hope for Diabetics application or program, or if you need assistance completing this application please call.

Print out complete and mail, or scan and email to the following:

K9hope4diabetics@gmail.com

Canine Hope for Diabetics P.O. Box 731 Perris, CA 92572