



P.O. Box 5211, Navarre, FL 32566 [SunshineStateAnimalRescue@outlook.com](mailto:SunshineStateAnimalRescue@outlook.com)

### Application for a Service Dog Prospect

#### Contact information

Thank you for requesting a service dog application from the Sunshine State Animal Rescue (SSAR). The addition of a service dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant.

Due to the number of application requests received, SSAR may not be able to respond to all requests. We will respond to suitable applications in 2-4 weeks (sooner if possible). Please review our admission process prior to completing this request.

Applicants must be 18 years old or older to apply for a service dog; children must be at least 8 years old for a service dog through our program and form completed by the minor's guardian/parent.

#### Please fill out the form below:

Applicants name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Presently: \_\_\_ Student \_\_\_ Employed \_\_\_ Unemployed \_\_\_ Retired \_\_\_ Other

Are you a veteran? \_\_\_ Yes \_\_\_ No \_\_\_ Retired

\_\_\_\_\_ Applicant Initial Here

Emergency Contact Person/Telephone: \_\_\_\_\_

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

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

How did you hear about us? \_\_\_\_\_

Name of the person completing this form: \_\_\_\_\_

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

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

**Additional information:**

Type of dog applying for: Psychiatric SD    Mobility SD    Hearing SD    Seizure response SD

Other: (please explain)

How long have you been disabled? \_\_\_\_\_

Who else lives in your home with you? \_\_\_\_\_

Are you able to drive? \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

Do you have any experience working with animals? If yes please explain: \_\_\_\_\_

\_\_\_\_\_

Are you able to work or volunteer?    Full time                      Part time                      Volunteer # of hours a week    \_\_\_

Do you have any other animals? (Please list all)

Type:                                      Age:                                      Spay/Neuter:

Type:                                      Age:                                      Spay/Neuter:

\_\_\_\_\_ Applicant Initial Here

Are you able to provide a stable, safe environment for a Service dog which includes love, daily training, exercise, medical care and food? Yes No

What tasks would you like your service dog to do for you to help mitigate your disability?

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Please describe how your disability affects your life and your current level of independence:

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What is your goal for your partnership with a service dog?

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Have you already found a trainer?

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If yes, please state trainer's name, address and phone number.

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I understand that training a service dog requires at least a weekly commitment to professional training as well as a daily commitment from myself – a process that could take up to two years. I will keep a log of training hours – both with and without the trainer – to track my dog's progress. I understand that if I am not adhering to the dog's training regimen, SSAR may request the dog be returned to the rescue for another placement.

I understand that SSAR has identified service animal *potential* in the dog, and as in all service dog training programs, a dog may wash out due to any number of reasons from dwindling motivation to physical injury. I understand that dogs are not machines and SSAR cannot guarantee the dog will reach the expected level of training. However, if your dog washes out, SSAR will accept the dog back into the rescue and attempt to find a new service dog prospect for me if I wish. I am prepared emotionally to return the dog to the rescue if necessary. Yes No

I understand that to qualify for one of SSAR's dogs to be trained as a service dog that my doctor may be contacted and I will notify my doctor to expect the call. Yes No

I acknowledge that I have read SSAR's FAQs and Application process forms. Yes No

\_\_\_\_\_ Applicant Initial Here

***Please include with your application the following:***

**1. A LETTER OF RECOMMENDATION**

This letter must be written by someone outside of your immediate family.

**2. A DESCRIPTION OF APPLICANT ESSAY**

The purpose of this essay is to enable SSAR to understand your physical traits, lifestyle, disability, activities and personality. Through a description of yourself, your home, your family, and your activities, we can better establish the suitability of your situation for a service dog. Use as much space as you feel necessary for us to get to know you!

**3. A 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 other than with physical tasks? What do you feel you will be able to offer the dog in return? What type of service dog are you looking for, include if you have a preference of breed, size, and age.

*Please complete essays on separate pieces of paper. They do not have to be long; however, essays must be in the words of the person applying for the dog.*

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\_\_\_\_\_ Applicant Initial Here