



Loyal Guardians Service Dog Training

Service Dog Application Packet

Applicant Information

Applicant's Name: _____

Date: _____

Part 1 – Program Introduction

Thank you for requesting a service dog application from Loyal Guardians Service Dog Training (LGSDT). The addition of a service dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant.

This application indicates your interest and allows us to schedule an interview to discuss the specifics of the program and how a dog may fit into and benefit your life.

- Applicants must generally be age 10 or older (exceptions may be made case-by-case).
- Waiting period may be up to 1 year.
- Application should be completed by the applicant in their own words where possible.
- \$25 non-refundable processing fee must be included.
- Once reviewed, an initial interview will be scheduled.

LGSDT respects applicant privacy; files may only be reviewed by accreditation agencies. LGSDT does not discriminate on the basis of race, color, religion, gender, national origin, disability, sexual orientation, or veteran status.

Initials (Applicant/Guardian): _____

Part 2 – What to Expect

After you apply:

- Initial Interview at LGSDT (custodial parents/guardians must attend if applicant is under 18).
- Notification within 30 days regarding acceptance to the waiting list.

While on the waiting list:

- Attend weekly training classes if possible.
- Attend bi-weekly Saturday outings if possible.
- Begin fundraising for service dog expenses.
- Stay patient, enthusiastic, and engaged.
- You may be asked to meet potential dogs to see if a match is possible.

After a match is found:

- Participate in 2–3 weeks of Individual or Team Training.
- Expect a year of adjustment as you and your service dog bond.
- Annual Public Access Test (Montrose, CO) is required to maintain certification.
- LGSDT staff remain available for support.

Initials (Applicant/Guardian): _____

Part 3 – Applicant Information

Name of Applicant: _____

Date: _____

Parent/Guardian Names (if under 18):

Address: _____

Phone: _____

Email: _____

Employer: _____

Occupation: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

Primary Disability: _____

Cause of Disability: _____

Other Disabilities: _____

Progressive? Yes No

DOB: _____ Weight: _____ Height: _____ Sex: M F

(Include your full disability effects checklist, assistive devices list, living situation, lifestyle questions, etc. here – they can remain as multiple choice/checklists just as in your original draft.)

Part 4 – Required Documents Checklist

- Completed Application Form
 - Applicant Photo
 - Letter of Recommendation (outside immediate family)
 - Essay: Meaning & Function of a Service Dog
 - DVD or Photos of Applicant's Home/Environment
 - \$25 Non-refundable Application Fee
 - Completed Medical Forms
 - HIPAA Consent to Release Information Form
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Part 5 – Complaint Policy (Non-Employees)

Any non-employee (volunteer, applicant, student, recipient, or donor) who has a grievance concerning LGSDT practices may file a complaint.

Steps:

1. Attempt to resolve informally with Program Manager.
2. If unresolved, submit a written complaint to the President/CEO.
3. Complaints will be documented and addressed within 30 working days.

Complainants will be treated with dignity and respect and will not face discrimination or retaliation.

Name: _____

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Part 6 – Medical History (To Be Completed by Physician)

Doctor's Name: _____

Type of Practice: _____

Please release the requested information regarding my condition to LGSDT. This will help determine my abilities regarding service dog placement.

Primary Disability: _____

Cause: _____

Progressive? Yes No

(Include checklists for disability effects, conditions, assistive devices, ADL abilities, etc.)

Physician Signature: _____

Date: _____

Medical License #: _____

Part 7 – Consent to Release Information

I, _____, hereby authorize my medical provider to release information to Loyal Guardians Service Dog Training staff for the purpose of determining the best possible service dog placement.

Signature: _____ Date: _____

Guardian Signature (if applicable): _____

Witness: _____ Date: _____