



Autism Service Dog Application

Date: _____

Title: Mr. Mrs. Ms. Miss

First Name: _____ Middle Initial: _____ Last Name: _____

Name of parent or guardian (if applicant is a minor): _____

Age of applicant: _____ Gender: male female Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

Occupation: _____

Have you ever served in the US Military? Yes No Branch of Military Service: _____

Date of discharge: _____ Nature of discharge: _____

Explain why you need a service dog:

Include specific tasks you need a service dog to perform:

Ability to provide daily training, attention and care Yes No

A service dog needs daily training, attention and care. Do you have time to spend with the dog? Yes No

Are you able to exercise and potty the dog multiple times per day? Yes No

Are you able to take the dog to the veterinarian? Yes No

Are you able to groom the dog? Yes No

Are you able to clean up after the dog goes to the bathroom? Yes No

Will your service dog accompany you to work? Yes No

Will your service dog accompany you on vacations? Yes No

How many hours a day will your service dog be alone? hours/day _____

Please indicate that you have read and agree to the following statements by signing:

I understand I must have a medical diagnosis (from a licensed & qualified medical professional) that warrants placement of a service dog. I understand the estimated yearly cost of caring for a service dog is roughly \$2,500 and I understand I am responsible for those expenses. I understand if approved for a service dog, I will be subject to a criminal background check prior to the dog being placed in my care. I understand that simply applying for a service dog does not guarantee the placement of a service dog. All applicants will be considered regardless of race, sex, religion, creed, sexual orientation and ethnic origin.

PLEASE MAIL, EMAIL OR FAX THE COMPLETED PRE-APPLICATION FORM TO:

111 Cloverdale Ave Paramus, NJ 07652 | Email: info@h2h4autism.org | Fax: 201-483-7885 | Website: www.h2h4autism.org

I attest that the above statements are true and factual to the best of my knowledge. I consent to a criminal background check.

Signature: _____ Date: _____