



ATC Service Dog Agreement/Application

719-640-0323

info@abovethecloudssiberianservice.com

APPLICANT INFORMATION

Name: _____ DOB: _____

Address: _____

City: _____ State: _____

Zip Code: _____

Telephone Contact:

Home: _____

Mobile: _____

Other: _____

Email: _____

ENVIRONMENT

Please list all other persons in the home and if children, list ages:



ATC Service Dog Agreement/Application

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Living arrangements *(Circle all that apply)*:

HOUSE / APARTMENT / TRAILER / OWN / RENT

Accessibility *(Circle all that apply)*:

RAMP / ROLL IN SHOWER / ELEVATOR / LIFT / HOSPITAL BED

Please list **all** other animals that will be in the home daily:

Type: _____ Breed: _____ Age: _____

Type: _____ Breed: _____ Age: _____

Type: _____ Breed: _____ Age: _____

Type: _____ Breed: _____ Age: _____

Please describe the outside areas where your dog can get exercise:

FENCED IN - Fence HT (in feet) _____

DOG RUN OUTDOOR KENNEL TIE OUT

DOG PARK NEIGHBORS YARD NONE OF THE ABOVE

OTHER _____

If none of the above, how will your dog get exercise or be kept from fleeing?



ATC Service Dog Agreement/Application

719-640-0323

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Are you okay with dog hair being on you and your furniture? _____

Are you prepared to brush your dog daily? _____

Are you prepared to bathe your dog when needed? _____

Please describe where you will place the dog's crate or bedding if they need to take a break?

If you work, do you plan to take your service dog with you? _____

How many hours do you work? _____

FINANCIAL RESPONSIBILITIES

Please estimate how much you think it will cost you to feed your dog for a year:

Please estimate how much you think it will cost to provide veterinarian care for your dog annually: _____

Will you be able to provide all the necessary preventative care for your dog (to include annual checkups, vaccinations, flea/tick medications, etc.)

YES / NO

Veterinarians name *(If new to owning an animal, please provide the name of the vet you intend to use):*



ATC Service Dog Agreement/Application

719-640-0323

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Veterinarian Address: _____

City: _____ State: _____

Veterinarian Contact Numbers:

Office _____

Emergency _____

Other _____

Length of time know: _____

Date of last visit: _____

Please include a letter from your veterinarian stating the following:

- *Any animals you have had in the past or currently have that were under their care or seeking treatment.*
- *Recommending and supporting the applicants need to obtain an assistance dog.*
- *A commitment to providing services to the applicant and/or treatments for the assistance dog if needed.*
- *Willingness to communicate with Above the Clouds Siberian Service Dogs if there are any concerns or medical emergencies with the animal.*



ATC Service Dog Agreement/Application

719-640-0323

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PERSONAL REFERENCES

First Name	Last Name	Address	Phone No	Email Address

MEDICAL HISTORY

Please indicate if this is a physical or mental disability or impairment:

Medical Diagnosis: _____

Date and/or age of diagnosis: _____

Mobility devices used (*if any*): _____

Will you be requesting mobility and/or physical assistance from your service dog?

Other disabilities: _____



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719-640-0323

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Current medications and doses (Can use separate sheet of paper if needed):

Physicians contact information: (Please attach a business card, if any)

Length of time with physician: _____

Last date of visit: _____

MEDICAL INFORMATION

To be completed by medical staff

Height _____ Weight _____ Blood pressure _____

Pulse _____ Temp _____

Is the applicant's appearance healthy?

YES / NO

Is the applicant on any medications which might impair their ability to make good decisions? _____

Is the applicant likely to exhibit behavior that is dangerous to themselves or others?

YES / NO



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Has the applicant followed doctor recommendations and treatments as advised?

YES / NO

List any additional recommendations or benefits from the use of obtaining a service dog: _____

Is the applicant able to stand and balance without assistance? _____

Is the applicant able to stand and balance with minimal assistance? _____

Is the applicant able to stand and balance with maximum assistance? _____

Does the applicant require oxygen?

FULL TIME / PART TIME / NONE

Does the applicant have attendant care?

FULL TIME / PART TIME / NONE

Does the applicant schedule their own appointments?

YES / NO



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Does the applicant keep scheduled appointments?

YES / NO

Vision test: _____

Hearing test: _____

Does the applicant have seizures?

YES / NO

How often? _____

Are the seizures controlled with medication?

YES / NO

Describe the type and length of seizures: _____

Physicians Signature: _____

Date: _____

****Required:**

***Please include letter of recommendation for a service dog from
your physicians on letterhead *****



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DISCLOSURES

This information will be used only to determine if the applicant can benefit from the use of a service dog. This application will remain confidential and only visible between the client listed above, the clients treating physician, and Above the Clouds Siberian Service Dogs.

Applicants will be considered regardless of race, gender, or religious beliefs.

*I _____ (Client Name) understand that this is a release of information both medical and personal to Above the Clouds Siberian Service Dogs and will be used only to determine potential benefits and for matching clients with said service dog. You agree that everything in this application is truthful and filled out to the best of your knowledge. Applicant understands that if they can't care for the service dog/animal, they must contact **Above the Clouds Siberian Service Dogs** to surrender the animal. This application **MUST** be completed in full to be considered for a service dog/assistance dog. This does not guarantee approval, placement and/or matching with a service dog.*

There is a processing fee for the application of \$500. There is a deposit amount of \$2000 that is non-refundable to the client. The total cost of owning your service dog will vary depending on the length of the training program and the client's individual medical needs.

*The training program options and cost of obtaining a service dog will be discussed at the time of your intake phone call or email. Once applications are approved and deposit is received **IN FULL**, the client will be placed on our waiting list to be matched. Please email the completed application to Above the Clouds Siberian Service Dogs info@abovethecloudssiberianserce.dog*



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Allow up to 14 business days for the review of your application.

Any questions or concerns can be directed to us by email

info@abovethecloudssiberianservice.dog or telephone [719-640-0323](tel:719-640-0323).

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

