



## DOGS FOR INVISIBLE DISABILITIES

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### Owner – Training Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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#### *Tell us a little about yourself*

##### **Employment**

Employment Status: \_\_\_\_\_  
If employed, where do you work? \_\_\_\_\_  
Your supervisor's name and phone number: \_\_\_\_\_  
If you work, will your Service Dog in Training be accompanying you? \_\_\_\_\_  
Have you discussed having a Service Dog with your employer? \_\_\_\_\_

##### **Housing**

I currently \_\_\_\_\_ a/an \_\_\_\_\_  
If renting, does your landlord know that you are going to train a Service Dog? \_\_\_\_\_  
I live in a \_\_\_\_\_. I live with \_\_\_\_\_ and \_\_\_\_\_.  
Do you have a fenced yard: \_\_\_\_\_ Do you have other pets? \_\_\_\_\_ If yes, what types:  
\_\_\_\_\_.

Reference of someone who knows of your disability (Name & phone number).  
\_\_\_\_\_

Annual Income (select appropriate box)

\_\_\_ \$0 - \$25,000 \_\_\_ \$25,001 - \$50,000 \_\_\_ \$50,001 - \$75,000 \_\_\_ \$75,001 - \$100,000 \_\_\_ \$100,001+

## **Military Service**

Have you served in the military? \_\_\_\_\_ If yes, are you: \_\_\_\_\_.

## **Your Dog**

Do you frequently have visitors who bring pets when they visit? \_\_\_\_\_

Will your dog be left alone? \_\_\_\_\_ How many hours per day? \_\_\_\_\_

Where will the dog stay when alone? \_\_\_\_\_

Why do you need a Service Dog? \_\_\_\_\_

What work or task do you anticipate the dog doing? \_\_\_\_\_

Do you currently have a dog that you wish to train or do you need help finding an appropriate dog?

\_\_\_\_\_

If you currently have a dog how old are they? \_\_\_\_\_ Dog's date of birth (approx): \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

**I understand that to participate in Service Dog Training Program that my dog must be spayed or neutered by 18 months of age or prior to taking the Public Access Assessment Test, whichever comes first. \_\_\_\_\_**

Has your dog attended obedience classes? \_\_\_\_\_

What obedience commands does your dog know? \_\_\_\_\_

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How would you respond to the following scenarios?

You catch your dog digging in your garden. \_\_\_\_\_

Explain: \_\_\_\_\_

Your puppy is chewing on your slipper. \_\_\_\_\_

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I understand that this is an owner-trained Service Dog program. I, as the dog owner, am responsible for my dog and his/her actions in class and in public. I understand that I am responsible for my dog's progress in training and public access. I will not take my dog into places that he/she may not be ready

to be introduced to and I will follow directions from the program trainers as to when it is appropriate to advance my dog's public access training.

I understand that Dogs for Invisible Disabilities dog trainers are volunteers and I will endeavor to make my appointments and required outings weekly. I understand that I am responsible for notifying the trainer(s) that I am unable to attend class.

I understand that I am responsible for any equipment loaned to me while participating in the program and will return equipment upon separation from the program, either by graduation or termination. I will keep my dog, his/her vest and other equipment clean and in good condition. If lost or damaged I understand that I am responsible for the replacement cost of any item. I will also keep my dog healthy by providing proper veterinary care, vaccinations and nutrition. I understand that my dog must be spayed or neutered prior to completion of the program.

I have read and agree to the above requirements. \_\_\_\_\_

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Accompanying documents

Doctor's Note       Veterinarian's Note       Shot Records       Media Release  
 Owner Temperament       Letter of Reference       Acknowledgement Form

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (if parent/guardian signing)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number (if different from above)