



AAEC Early College High Schools
Enriched Educational Experience

Have you or your guardian served as a first responder?

Yes

If so, what occupation? _____

No

Have you or your guardian completed community service of another kind?

Yes

If so, please explain: _____

Numer of hours served: _____

No

Disability/Service Dog Information

Please describe the nature of your disability, and what limitations you have:

When was the onset of your disability? _____

What is the prognosis of your disability? _____

What type of service dog would meet your needs?

Mobility Assistance

Wheelchair Assistance

Hearing Assistance

Visual Assistance / Guide Dog

Medical Response Dog

Diabetic Alert Dog

Seizure Assistance

Other: _____

Psychological Service Dog

Autism Assistance

PTSD Service Dog

Other: _____

What specific tasks would you need the dog to perform?

Are you or is anyone in your home allergic to dogs?

- Yes
 - Check box if you require a “hypoallergenic*” service dog
- No

*Please keep in mind there is no such thing as a completely hypoallergenic dog, but certain breeds may have a lower propensity to cause allergy symptoms

Home Information

Do you live in your home by yourself?

- Yes
- No

If no please answer the following:

Are the other residents in your home supportive of you applying to receive a service dog?

- Yes
- No
- They are unaware that I am applying for a service dog

Please check most applicable:

- Private Residence
- Apartment
- Mobile home
- Other (please specify:) _____

Does your home have multiple stories?

- Yes
- No

Does your home have a fenced yard?

- Yes
- No

Does your home have a pool?

- Yes
- No

If yes, is the pool fenced?

- Yes
- No

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Are there young children in your home?

Yes

If yes, please list their ages here: _____

No

Do you have other pets in your home?

Yes

No

If yes, please list the number of pets of each of the following species:

_____ Dog(s)

_____ Cat(s)

_____ Horse(s)

_____ Other, please specify: _____

Canine Care

*Service dogs do require a significant amount of time and care. Please answer the following questions to the best of your ability.

Are you physically able to exercise the dog on a daily basis?

Yes

No

If no, do you have assistance from someone who can, or do you have access to a treadmill for the service dog?

Yes

No

Are you able to take the dog out several times a day for potty breaks?

Yes

No

Are you physically capable of cleaning up after the dog on potty breaks?

Yes

No

Are you able to financially support veterinary care for the dog?

Yes

No

Are you able to groom the dog on a regular basis?

Yes

No

Will you require your service dog to attend work with you?

Yes

No



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Do you often go on vacation or travel out of the state?

- Yes
- No

If yes, will you need your service dog to accompany you?

- Yes
- No

If you previously answered yes, how often would you say you go on vacation or travel?

Give an hour estimate on how many hours your service dog will be left at home alone on a regular basis:_____

Personal Preferences

What are your current pastimes? _____

Contract Agreement

I understand that this program entails a service dog (SD) living in my home, and that I am ultimately responsible for the care and maintenance of the dog. I agree to undergo a semester of in class and online training to learn to care for and work with my service dog.

Printed Name of Recipient

Signature

Printed Name of Guardian (If recipient is under 18)

Signature

Relationship to Student

Date



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Proof of Service

Please attach a DD 214 form to the back of this application if you have served in the military, or a copy of your service ID.

Note from a Medical Practitioner

Please attach a letter from a medical practitioner to the back of this form, detailing why a SD would be a benefit to your condition.