



Application Checklist ≥ 18

**Your application will be reviewed and
considered only after all information has been received.**

- ☐ **\$50 Application Fee**
- ☐ **Part A - Client Application**
 - **Personal Information**
 - **Living With A Hub City Service Dog**
 - **Financial Worksheet**
 - **Letters of Recommendation**
 - **Personal**
 - **Professional**
- ☐ **Part B - Medical Form**
- ☐ **Part C - Background Check**

Hub City Services Dogs, Inc. (HCSD)

Client Application

HCSD will keep your entire application confidential.

Your written application will become the property of Hub City Services Dogs, Inc.

Please review the application instructions before completing this form. Your application will be reviewed and considered only after **all** information has been received.

Part A- Client Application to be completed by applicant: includes two letters of recommendation and a \$50.00 application fee.

Part B- Medical Form to be completed by your physician or therapist, describing your disability.

Part C – Background Check to be completed by applicant.

APPLICATION PART A

Date: _____

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: M F

Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Employer: _____

Cell Phone: _____ Email: _____

Name of Nearest Relative: _____ Relationship: _____

Address of Relative: _____
Street City State Zip

Relative's Home Phone Number: _____ Work Phone: _____

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words.

Name: _____ Relationship: _____

How did you learn about HCSD? _____

Military Personnel Only:

Do you have military affiliation? _____ What branch? _____

Are you active or retired? _____

For non-active military clients, please attach a copy of your DD214 form to this application.

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What is your Disability?

Do you have a diagnosis, including mental health diagnosis?

How long have you been disabled? _____

If disability was caused by injury, what progress has been made post injury?

Please indicate the devices that you use: Wheelchair: ☐ Manual ☐ Power ☐ Both

☐ Crutches ☐ Cane ☐ 3-Wheel Electric Scooter ☐ Sip and Puff

☐ Other: _____

Which do you use most often? _____

Do you drive? _____ Take a bus? _____ Cab? _____ Other? _____

How often do you fall? _____

Describe your physical strengths and abilities. (Circle one number for each limb.)

	Left										Right									
	No	Use	→	--	→	--	→	Full	Use		No	Use	→	--	→	--	→	Full	Use	
Hand Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Dexterity	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Arm Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Upper Body Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Leg Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Leg Control	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

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Please rate: (On a scale of 1 – 10, where 1 = Poor and 10 = Normal)

Your Speech? _____ Easily understood _____ Tone variation _____ Volume _____

Do you use a word board? ☐ Yes ☐ No ☐ Other _____

Your Vision? _____ Do you use corrective lenses? ☐ Yes ☐ No

Do you need? ☐ Large Font ☐ Audio tape ☐ Note taker ☐ Other _____

Your Hearing? _____ ☐ Hearing Aid ☐ ASL _____

How do you handle the following?

Routine medications	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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Your finances, checkbook	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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House cleaning	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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Meals	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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Getting dressed	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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Shopping; groceries, etc.	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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Personal care	<input type="checkbox"/> By yourself	<input type="checkbox"/> Assisted	<input type="checkbox"/> Provided by others
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What personal attendants (including family members) do you use? ☐ Personal Care Aide

☐ Cooking ☐ Cleaning ☐ Medical ☐ Other _____

Describe how many attendants and how often? (Daily, weekly) _____

Please describe your limitations—mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and **anything** that might help us understand your needs.

What work, school, or rehabilitation program(s) have you completed? _____

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What is your current work or school schedule? _____

What are your plans for work or school? _____

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

☐ Yes ☐ No If Yes, how are they disabled and what are their limitations?

Please describe your home and yard. _____

Is your yard fenced? ☐ Yes ☐ No If yes, how high is your fence? _____

If your yard is not fenced; if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your service dog? ☐ Yes ☐ No If No, Why? _____

What pets do you have now? Describe type and age.

Veterinarian's name and phone number: _____

If you have a dog now, would you be willing to give up your present dog, if it cannot get along with an HCSD service dog? ☐ Yes ☐ No (Explain) _____

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If your present dog is not well-mannered, are you willing to train your dog before you receive your HCSD service dog? ☐ Yes ☐ No (Explain)

What dogs have you had before? Describe what kind and how old you were.

Have you ever re-homed a pet? If so, what was the reason?

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your HCSD service dog?

How will you handle the care of your HCSD service dog if you are hospitalized?

Hub City Services Dogs, Inc. (HCSD)
Client Application

Living with a Hub City Service Dog

Do you agree to the following conditions?

- That there is a reasonable expectation that your medical situation will allow you to use and benefit from your service dog's skills for 8 to 10 years.

☐ Yes ☐ No (Explain)

- That an HCSD service dog will spend most of their time with their partner at home AND at work, at school, and social events if he/she is certified for public access and that no HCSD service dog will be in a yard or kennel for long periods of time.

☐ Yes ☐ No (Explain)

- That an HCSD service dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.

☐ Yes ☐ No (Explain)

- That you and your dog are ambassadors for Hub City Service Dogs, Inc. as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.

☐ Yes ☐ No (Explain)

- That an HCSD service dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.

☐ Yes ☐ No (Explain)

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- That you must assume full responsibility as caretaker of your HCSD service dog, in charge of their safety, health, and welfare. Their needs include:
 - **Medical care** - all care must be provided by an HCSD approved veterinarian. This includes: six-month wellness examinations, preventative care (heartworm/flea/tick) and all vaccinations. A list of required tests/preventative care/vaccinations and the amounts reimbursed to clients will be provided by HCSD. Results of examinations, tests and proper vaccinations must be supplied in a timely manner to HCSD. ☐ Yes ☐ No (Explain)

 - **Nutritional care** - including use of a good quality dog food (i.e., Science Diet) and maintaining your dog's proper weight. Discount coupons for Science Diet can be obtained through HCSD. ☐ Yes ☐ No (Explain)

 - **Daily exercise and play** - requirement to maintain the physical and mental health of your service dog. ☐ Yes ☐ No (Explain)

- That you must assume full responsibility for cleaning up when your dog eliminates in public and for repairing any damage caused by your dog.
☐ Yes ☐ No (Explain)

By signing below I hereby understand and acknowledge that Hub City Service Dogs, Inc. reserves the right to deny service to an applicant for any reason including but not limited to failure to meet the established criteria for receiving a service dog or that require services that we are not able to train. HCSD also reserves the right to remove a service dog from a home at any time for mistreatment/neglect or an inappropriate match.

I do hereby agree to hold free from any and all liability Hub City Service Dogs, Inc. and its members and officers. I declare myself to be physically sound to participate with HCSD organization. My family, members of my household, and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with HCSD.

Sign below if you agree to the conditions listed above.
Attach additional sheets if needed to explain any "No" answer.

Signature of Applicant _____ Date _____

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Financial Worksheet Planning For Your Dog

The questions below are meant for you to think critically about the financial impact a service dog may have on your life. While HCSD does not charge our clients for a service dog, we do require that our clients assume the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, grooming and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog care is approximately \$2000 per year. This is a basic estimate based on the cost of food, regular veterinary care, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost?

☐ Yes ☐ No (Explain)

- Although the above amount of \$2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

You have taken your service dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take our dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from \$2,980-\$3,180 for surgery and post-operative expenses. Please describe how you would proceed.

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much to spend? \$ _____

- Would you ever consider euthanasia due to medical costs?

- Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:

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Source of Income: ☐ Professional ☐ Self-employed ☐ Government Benefits ☐ Other

If you are employed, please describe your work: _____

Number of years in current place of work: _____

Monthly Income: \$_____

Please estimate the following expenses on a **Monthly** basis where applicable:

- Rent/Mortgage \$_____
- Utilities \$_____
- Medical Care \$_____
- Car Payment \$_____
- Credit Card Payments \$_____
- Expenses for other animals in your home \$_____

Please take a moment to think critically about your monthly expenses and budget. Using this information and your current income, please complete the following using your best estimates of what you can afford on a **MONTHLY** basis for your dog.

- Dog food: \$_____
(You can estimate that your dog will eat between 2-4 cups of dog food per day, depending on the size of the dog).
- Treats: \$_____
- Toys: \$_____
- Grooming: \$_____
(This cost will vary dramatically based on the type of dog you get. If you have specifically requested a poodle or poodle mix, this cost will be higher.)

Return the Client Application, along with application fee and attachments to:

Hub City Service Dogs, Inc.,
6068 Hwy 98, Suite 1-126
Hattiesburg, MS 39402

IF you have questions, call us at (601) 596-4495

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Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. We will need a physical letter from both people either included with the application or sent separately to HCSD.

1) Personal (not a relative)

2) Professional (therapist, doctor, etc.)

Please send letters of recommendation to:

Hub City Service Dogs, Inc.
6068 Hwy 98, Suite 1-126
Hattiesburg, MS 39402

Fax: 601-545-8980

Client Application

APPLICATION PART B – MEDICAL HISTORY FORM

To be completed by applicant:

Name: _____ DOB: _____

Address: _____
Street City State Zip Code

To be completed by physician:

Diagnosis/Disability (include significant secondary disabilities): _____

Patient Since: _____ / _____ At what age did disability occur: _____
Month Year

The effects of this patient's disability include: (please circle all that apply)

*Deafness Speech Impairment Vision Impairment Reduced Stamina Hearing Loss
Memory Loss Coordination Problems Limited Mobility Spasticity Delayed Development
Muscular Weakness*

Other: _____

Does this patient have trouble with: (please circle all that apply)

*Allergies Chronic Pain Heightened Emotions Depression Seizures Balance
Brittle Bones*

Other: _____

Do you believe your patient would likely benefit from the assistance of a specially trained service dog? Yes No

Signature Date

Print Name Print Specialty

*Please note additional comments in your letter of recommendation that would help HCSD
determine dog selection, tasks required, special needs, etc.*

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APPLICATION PART C – BACKGROUND CHECK

In order for us to completely process your application and schedule an interview, we will need a completed background check. Please fill out the information below. Please type or print clearly.

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

Sex: M F Date of Birth: _____

Social Security Number: ____ - ____ - ____

Current Address: Country: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____

Email: _____

Phone(s): Cell: _____ Home: _____ Work: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

(A conviction does not equal an automatic disqualification.)

If yes, please describe:
