



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's parents: includes two letters of recommendation and a \$25.00 application fee.

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

Part C – Background Check to be completed by applicant's parents.

APPLICATION PART A

Date: _____

Child's First Name: _____ MI: _____ Last Name: _____

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

Address: _____
Street City State Zip

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

How did you learn about HCSD? _____

What is your child's diagnosis?

Date of diagnosis? _____

Does your child have any other medical problems? Please explain.

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

Please describe any limitations your child experiences in your everyday life:

Please indicate the devices that your child uses: Wheelchair: ☐ Manual ☐ Power ☐ Both

☐ Crutches ☐ Cane ☐ Braces ☐ Hearing Aids ☐ Glucometer

☐ Other:

Does your child have any safety measures that must be kept in place as a result of their diagnosis? Please explain:

What type of home do you have (condo, 1 story house, 2 story house, apartment, etc.)

Do you own or rent your home?

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?

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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 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) _____

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?

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Employment/School

If over 16, is your child employed? ☐ Yes ☐ No

Name of Employer _____

Address of Employer _____

Phone Number _____

May we contact your child's employer? ☐ Yes ☐ No (Explain) _____

Number of hours worked a week _____

Describe your child's normal activities at work:

Does your child attend school? ☐ Yes ☐ No (Explain) _____

Name, Address, Phone number of School attending:

How many hours is your child in school a day? _____

Would you like the dog to go to school with your child? ☐ Yes ☐ No (Explain)

Have you contacted the administration about the idea of a service dog for your child? ☐ Yes ☐ No (Explain)

If yes, how did the school respond? _____

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Service Dog Information

Are you looking for a service dog or companion dog? _____

Is your child able to handle a dog on his/her own? _____

Can your child feed a dog? ☐ Yes ☐ No (Explain) _____

Can your child help walk a dog? ☐ Yes ☐ No (Explain) _____

Can your child participate in grooming a dog? ☐ Yes ☐ No (Explain) _____

Can your child verbally communicate with a dog? ☐ Yes ☐ No (Explain) _____

Can your child give hand signals to a dog? ☐ Yes ☐ No (Explain) _____

Who would primarily help your child with the dog? _____ Relationship _____

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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)

- 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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Client Application

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 and fee 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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Client Application

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 a letter of recommendation that would help HCSD
determine dog selection, tasks required, special needs, etc.*

***If not included with the application, this form and physician's letter of recommendation
must be sent directly to Hub City Service Dogs at
6068 Hwy 98, Suite 1-126, Hattiesburg, MS 39402***

Hub City Services Dogs, Inc. (HCSD)

Client Application

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.

Mother's First Name: _____ Middle Name: _____ Last Name: _____

Mother's Date of Birth: _____

Mother's Social Security Number: ____ - ____ - _____

Father's First Name: _____ Middle Name: _____ Last Name: _____

Father's Date of Birth: _____

Father's Social Security Number: ____ - ____ - _____

Current Address: _____ Country: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at this address? _____

Email: _____

Phone(s):

Mother's Cell: _____ Home: _____ Work: _____

Father's Cell: _____ Home: _____ Work: _____

Has either parent ever been convicted of a crime? ☐ Yes ☐ No

(A conviction does not equal an automatic disqualification.)

If yes, please describe:
