

# NEW HOPE ASSISTANCE DOGS, INC. CLIENT APPLICATION

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Reason for wanting a service dog :

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List primary disability

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List secondary disabilities

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At what age did the onset of your disability occur

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How does your disability affect your daily activities

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Do you have grip strength in your right hand ( yes no ), Left hand ( yes no )

If no describe what you can do

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Do you use any of the following ? (circle)

Manual Wheelchair - Power Wheelchair Scooter – Crutches – Walker – Cane – Braces - Other

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How dependant on these assistants are you ?

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Do you have an attendant ? \_\_\_\_\_ How many hours a day? \_\_\_\_\_

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Other things you may want us to be aware of

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