



HEALING HOUNDS SERVICE DOGS

CAREER CHANGE DOG APPLICATION

CAREER CHANGE DOGS ARE NOT SERVICE DOGS OR THERAPY DOGS AND MAY NOT BE USED AS SUCH. THEY ARE DOGS THAT HAVE BEEN DEEMED UNFIT FOR SERVICE DOG WORK AND ARE REHOMED AS PETS.

Applicant's Name: _____

Specific dog you are applying for (if known): _____

Home Address

Phone Numbers:

Street: _____

Home: _____

City: _____ State: _____ Zip: _____

Cell: _____

Mailing Address (if different):

Work: _____

Street: _____

City: _____ State: _____ Zip: _____

Will there be a caretaker besides you for the dog? Yes / No

Primary Email: _____

If yes, who is the caretaker _____

Secondary Email: _____

Current residents in your home:

Name	Age	Relationship to Applicant	Full or Part time Resident?	Comfort level / experience with dogs

The ages of other individuals that may stay overnight in your home: _____

Are all residents on board with bringing a dog into the house? Yes / No

Are any of the residents allergic to dogs? Yes / No



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Circle your type of residence: House Apartment Condo Town House Other: _____

Do you own or rent? _____ If you are renting, do you have landlord approval to have the dog? Yes / No

Will the dog have access to all parts of your home? Yes / No If no, where will the dog be allowed? _____

Do you have room for a large crate in your residence? Yes / No

Do you have a yard? Yes / No Approximate size of yard: _____ Is your yard securely fenced? Yes / No

Height of fence: _____ If not fenced, how are you planning on letting the dog outside?: _____

Pet history over the last 10 years:

Type	Breed	Years Owned	Do you have this pet currently?	If not, please explain why:

Do current pets have experience with dogs? _____

If you have dogs, circle what your dogs prefer: Male Dogs Female Dogs No Preference

Transportation

Do you own a vehicle? Yes / No If yes, what type of vehicle do you drive? _____

Do you have room in your vehicle for a dog crate? _____

If no vehicle, how will you transport the dog when necessary? _____



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Employment:

Where do you work? _____ How many hours a week do you work?: _____

Are you able to take the dog to work? Yes / No

If yes, describe your work environment: _____

How often will you take the dog to work? _____

What will the dog do while you are working?: _____

School:

Are you attending school? Yes / No Hours per day: _____

While you are gone:

If the dog will not be with you during the day is there someone able to take care of the dog's bathroom and exercise needs during the day? Yes / No If yes, who?: _____

What do you plan to do with the dog if you leave the dog at home alone? _____

What is your plan for the dog when you travel? _____

Sleeping:

Where will you have the dog sleep at night? _____

*****ALL DOGS PLACED BY HEALING HOUNDS SERVICE DOGS MUST BE INDOOR DOGS AT NIGHT*****

Where will the dog lay down during the day? _____

Will you allow the dog on your furniture? _____



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Exercise:

Check all types of exercise that you plan to do with the dog:	
<input type="checkbox"/>	On-leash walking
<input type="checkbox"/>	Running/Jogging
<input type="checkbox"/>	Hiking
<input type="checkbox"/>	Dog Park
<input type="checkbox"/>	Off-leash at an unfenced park
<input type="checkbox"/>	Swimming
<input type="checkbox"/>	Running next to a bicycle
<input type="checkbox"/>	Playing in resident's yard
<input type="checkbox"/>	Other:

How frequently are you planning on exercising the dog? _____

For how long? _____

Will the dog be playing frequently with other dogs? _____

Are there places for the dog to safely run around near your home? _____

Dog Owner Commitment

Do you have any disabilities that may make it difficult to handle a dog? _____

What challenges do you expect to face owning a dog from Healing Hounds? _____

What concerns do you have regarding receiving a career change dog? _____

Are you aware that a career change dog from Healing Hounds Service Dogs has NO PUBLIC ACCESS as a working dog and is NOT a service dog or to be used as such? Yes / No

Please fill in the name of the individual that will be taking care of the following needs of the career change dog:

Feeding: _____ Exercising: _____

Letting out to go potty: _____ Grooming: _____

Buying Pet Supplies: _____ Vet Visits: _____



Where are common places in the community that you frequently visit with the career change dog? _____

Can you afford an average cost of \$150 per month for food, routine vet care and supplies for a dog? Yes / No

Are you able to afford emergency veterinary bills that could cost several thousand dollars? Yes / No If no, what is your plan to cover these costs if they arise? _____

Are you aware that owning a dog is a 10-14 year commitment? Yes / No

Where would the dog go if you could no longer take care of the dog? _____

Do you plan on using your dog in competitive dog sports (example: agility)? _____

Do you already have a service animal? Yes / No Have you had a service animal in the past? Yes / No

Have you owned a career change dog in the past? If yes, from what organization? _____

Career Change Dog Preferences

NOTE: We cannot guarantee that we have a career change dog available that fits all of your preferences

Size: small (10-25lbs) medium (26-50lbs) large (51-90lbs) extra large (over 90lbs) No Preference

Gender: Male Female No Preference

Do you prefer a hypoallergenic dog? Yes / No If yes, is it due to allergies? _____

Is English your first language? Yes / No If not, what is? _____

How will you communicate commands? English Speech Speech in Other Language: _____

Hand Signals Other: _____

Receiving a Healing Hounds Career Change Dog

How much of the dog's training are you planning on continuing? _____

How are you planning on receiving your career change dog? _____



What do you expect your experience to look like before you receive your career change dog? _____

How will you prepare to bring a new dog into your life and household? _____

What type of support would you like to request of Healing Hounds Service Dogs in helping your new dog become a part of your home and family? _____

What do you expect your life to look like after receiving a career change dog from us? _____

Is there anything else that you believe would be helpful for Healing Hounds Service Dogs to know about you and your family? _____



HEALING HOUNDS SERVICE DOGS

Fill out the calendar below with a general outline of what your average week looks like:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am							
7am							
8am							
9am							
10am							
11am							
noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm							
9pm							
10pm							
11pm							

Applicant's FULL Legal Name: _____

Applicant's Social Security Number: _____ (for background check purposes only)

HEALING HOUNDS SERVICE DOGS WILL PERFORM BACKGROUND CHECKS ON ALL APPLICANTS

How did you hear about Healing Hounds Service Dogs? _____

***PLEASE ATTACH A LETTER OF REFERENCE FROM YOUR VETERINARIAN (IF NO VET HISTORY A LETTER FROM A FRIEND OR RELATIVE) & A PROFESSIONAL LETTER OF REFERENCE FROM SOMEONE YOU WORK WITH**

I, _____ agree that the information provided on this application is accurate.

Applicant's Signature: _____ Date: _____