

Assistance Dog United Campaign

Assistance Dog Provider Application

Organization Information

Program Name: _____ Abbreviation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ TDD: _____ Fax: _____

Website: _____ Email address: _____

Program Information (check all that apply)

1. We train Assistance Dogs

- Owned by our assistance dog applicants that
 - Live with the applicant during the ____ weeks of training.
 - Are boarded at our facility during the ____ weeks of training.
 - Live with a foster family during the ____ weeks of training.
 - Live with a volunteer/paid (circle one) trainer during the ____ weeks of training.
 - Other: _____
- That we acquire from
 - Our own breeding program.
 - Donations of pure breed puppies.
 - Donations of pure breed adults.
 - Donations of mixed breed puppies.
 - Donations of mixed breed adults.
 - Shelters/pounds/humane societies.
 - Breed rescue organizations.
 - Other: _____

2. Puppies that we acquire are raised by

- Foster families.
- Assistance dog applicants.
- Other: _____

3. Vet, food and other costs incurred during the dog's training

- Are the responsibility of and paid for by the assistance dog applicant.
- Are the responsibility of and paid for by our program.
- Other: _____

4. We teach assistance dog applicants

- To train their own dogs (or dogs we acquire for them) by attending
 - Group instructional classes at our facility and surroundings.
 - Private instruction at our facility and surroundings.
 - Private instruction at their home and surroundings.
 - Other: _____
- To work the dogs that we have acquired and trained by attending
 - Group instructional classes at our facility and surroundings.
 - Private instruction at our facility and surroundings.
 - Private instruction at their home and surroundings.
 - Other: _____
- To work their own dogs that we previously trained by attending
 - Group instructional classes at our facility and surroundings.
 - Private instruction at our facility and surroundings.
 - Private instruction at their home and surroundings.
 - Other: _____
- To use their dogs in animal assisted activities and therapy.

5. If, for the ____ days of our assistance dog applicant instruction,

- The applicant is required to travel to and reside at our training site,
 - The applicant pays for travel lodging food expenses.
 - Our program pays for travel lodging food expenses.
 - Other: _____
- The trainer is required to travel to and reside at the applicant's locale,
 - The applicant pays for the trainer's travel lodging food expenses.
 - Our program pays for the trainer's travel lodging food expenses.
 - Other: _____

6. We train or facilitate the following types of assistance dogs

- Service Hearing Guide Social/therapy Other: _____

We do hereby request membership in the Assistance Dog United Campaign and certify the above information to be true and correct.

This application must be accompanied by your audits and 990s (or tax returns) for the last two fiscal years, together with program placement information, unless this is a new program. If you are not required to submit federal and state returns, submit a statement of income and expenses. Please submit samples of your program marketing materials for our files.

First Name: _____ Last Name: _____ Title: _____

Signature: _____ Date: _____