



Dear Applicant:

Thank you for your interest in applying for an ICAN Service Dog. Applying for a Service Dog can be very overwhelming. It is an emotional undertaking; excitement of submitting the application, potentially being placed on the wait list, uncertainty of the length of time before meeting potential matches, and questioning of your own (or your family's) readiness to incorporate a Service Dog into your life. Please read the FAQ on our website ***before*** completing the application. (<https://www.icandog.org/frequently-asked-questions/>)

**If your needs are for a Psychiatric Service Dog (civilian PTSD) or Guide Dog (sight or hearing), please visit [assistancedogsinternational.org](http://assistancedogsinternational.org). Do a member search and contact the programs that train for these services. ICAN does not place Emotional Support Dogs (ESD)**

Send your completed application to:

ICAN  
Director of Client Success  
5100 Charles Court, Suite 100  
Zionsville, IN 46077

Please call 317-672-3865 with any questions or concerns through the application process.

Sincerely,

Sandi Clark  
Director of Client Success

Attachments: Personal application form for a Service Dog  
Medical Reference Form (to be completed by EACH current treating physician)  
Personal Reference Form (to be completed by a non-family member)

ICAN reserves the right to deny services to any applicant which doesn't meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the organization.



## PERSONAL INFORMATION

Please print your information in the spaces provided below. You may attach additional sheets as needed. We appreciate your time. Be as detailed as possible. The more details you provide helps us to make the best possible match.

Type of desired placement: \_\_\_\_\_ Public Access Assistance Dog  
(covered by the ADA, can accompany owner in public)  
\_\_\_\_\_ Facilitated Public Access Assistance Dog  
(covered by the ADA, can accompany owner in public)  
\_\_\_\_\_ In-Home Skilled Companion  
(NOT covered by the ADA, NO public access)

Today's Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Guardian's Name (if different than applicant): \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

\_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Personal email: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Diagnosis/Disability (Please list all): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your diagnosis progressive: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

Have you applied for a Service Dog from another program: \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, which one(s): \_\_\_\_\_

**MOBILITY INFORMATION:**

Please check all that apply

Gait Pattern (walking): \_\_\_\_\_ Normal \_\_\_\_\_ Slow \_\_\_\_\_ Unsteady \_\_\_\_\_ Non-Ambulatory

Crutches: \_\_\_\_\_ Yes \_\_\_\_\_ No 1 or 2 (please circle)

Cane: \_\_\_\_\_ Yes \_\_\_\_\_ No Walker: \_\_\_\_\_ Yes \_\_\_\_\_ No Braces: \_\_\_\_\_ Yes \_\_\_\_\_ No

Wheelchair: \_\_\_\_\_ Power \_\_\_\_\_ Manual \_\_\_\_\_ Scooter

**HAND AND ARM MOVEMENT:**

Right Handed: \_\_\_\_\_ Left Handed: \_\_\_\_\_

Describe any limitations in hand or arm movements: \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

Please describe the nature of the difficulty and provide relevant information on if/how it affects your functioning. If it does not apply, please mark n/a.

Speech Difficulties: \_\_\_\_\_

Hearing Difficulties: \_\_\_\_\_

Vision Difficulties: \_\_\_\_\_

Reduced Reaction Response: \_\_\_\_\_

Learning Difficulties (please describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list anything else you feel we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DAILY ACTIVITIES:**

Work (specify job duties, responsibilities and location): \_\_\_\_\_

\_\_\_\_\_

School (specify grade level and location): \_\_\_\_\_

\_\_\_\_\_

Other routine daily activities (computers, hobbies, interest, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you describe yourself as: \_\_\_\_\_ Inactive \_\_\_\_\_ Active \_\_\_\_\_ Very Active

Do you spend a major part of your day in bed? \_\_\_\_\_ Yes \_\_\_\_\_ No How many hours? \_\_\_\_\_

What specific places/locations do you frequent that a dog should be familiar with? (movies, public transportation, library, grocery, etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**USAGE INFORMATION:**

Do you experience difficulties in any of the following activities? Check all that apply. Rank the top three (3) tasks based on which activities you would most want help most with from a Service Dog.

\_\_\_\_\_ Picking up dropped items

\_\_\_\_\_ Getting help in case of emergency

\_\_\_\_\_ Opening doors in the home

\_\_\_\_\_ Opening commercial doors in public

\_\_\_\_\_ Turning light switch on/off

\_\_\_\_\_ Getting up from a seated position

\_\_\_\_\_ Getting up from the ground

\_\_\_\_\_ Retrieving items (phone, remote, keys)

\_\_\_\_\_ Poor balance when walking

\_\_\_\_\_ Difficulty on stairs

\_\_\_\_\_ Moving wheelchair up steep incline

\_\_\_\_\_ Carry items (list): \_\_\_\_\_

In what other areas do you feel a Service Dog might assist you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION:**

How many other pets do you own? (Specify number, type, and age): \_\_\_\_\_

\_\_\_\_\_

If you own other pets, do they live inside or outside?: \_\_\_\_\_

What is your prior experience with dog care? \_\_\_\_\_

\_\_\_\_\_

Housing (please check one):

\_\_\_\_ Single family home    \_\_\_\_ own    \_\_\_\_ rent

\_\_\_\_ Apartment/Condo    \_\_\_\_ Group Home

\_\_\_\_ Other (please specify) \_\_\_\_\_

Service Dog would have access to:

\_\_\_\_ Fenced exercise area  
(circle one)

\_\_\_\_ wood    \_\_\_\_ iron    \_\_\_\_ chain link

\_\_\_\_ Electronic/Invisible Fence

\_\_\_\_ Non-Fenced exercise area

\_\_\_\_ No access

\_\_\_\_ Other: \_\_\_\_\_

Do you plan to move in the next 2-3 years?    \_\_\_\_ NO    \_\_\_\_ YES

How many other people live with you? \_\_\_\_\_

List names, ages and relationship to you \_\_\_\_\_

\_\_\_\_\_

Do you, or does anyone in your household smoke?    \_\_\_\_ No    \_\_\_\_ Yes    If so, how much \_\_\_\_\_

Are you, or anyone you live with, allergic to dogs?  No  Yes

Have you ever been convicted of a felony?  No  Yes

Have you ever been investigated for animal cruelty or neglect by a humane organization?  No  Yes

If you were to receive a Service Dog, how do you expect it to change your life? \_\_\_\_\_

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**LIVING WITH A SERVICE DOG:**

A Service Dog requires daily feeding, training, attention and care. The average monthly cost associated with caring for a Service Dog ranges from \$120-\$150. Please indicate which of the following you can commit to providing:

Veterinary Care  **MONTHLY** flea/tick and heart worm preventatives

High quality dog food  Daily/Weekly grooming

Emergency care  Working dog medical insurance

You must treat the Service Dog as a working dog, not a pet. This means not allowing strangers to pet the dog when out in public, unless they have been given your permission, ensuring that the dog has appropriate behaviors while out in public, and being the person in the dog's life that will be responsible for the dog's care and well-being.

Does anyone in your home have concerns about having a Service Dog in their home?

No  Yes If Yes, please explain: \_\_\_\_\_

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**ALTERNATE/EMERGENCY CONTACT**

Please provide the name and contact information for a friend/family member we may contact if you can't be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSONAL REFERENCES**

Please provide contact information of individuals who are not related to you, but knows you fairly well. One of these individuals must fill out the Personal Reference Form.

| NAME     | PHONE | EMAIL |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

**MEDICAL REFERENCES**

Please provide contact information of medical professionals who you are currently receiving treatment from, and who know your medical history fairly well. One of these individuals must fill out the Medical Reference Form.

|          |       |       |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

I attest that the information I have provided in this application is accurate, truthful, and up-to-date to the best of my knowledge. I have enclosed my \$75 non-refundable/tax deductible application fee.

\_\_\_\_\_  
Signature Date  
(Parent or guardian signature if applicant is a minor)

**MEDIA RELEASE**

I hereby give permission to ICAN to use my name, city and photographic image in its printed brochures, newsletters, videos, social media, press releases and fundraising efforts.

\_\_\_\_\_  
Signature Date  
(Parent or guardian signature if applicant is a minor)



## MEDICAL REFERENCE FORM

**TO BE COMPLETED BY THE APPLICANT:** I understand that information to be released may include medical information, diagnosis, drug abuse, alcohol abuse, psychological or psychiatric impairments, and/or other physical conditions. I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws and cannot be redisclosed without further written consent unless provided for by state and federal laws. I understand I may revoke this authorization at any time, except to the extent that action has already been taken. If not previously revoked, this consent will expire six months from date of signature.

Signature:

Date:

Signature:

Date:

(Parent or guardian signature if applicant is a minor)

Signature of witness

Relationship

**TO BE COMPLETED BY PHYSICIAN/PSYCHOLOGIST/PSYCHIATRIST/HEALTH PROFESSIONAL:**

Your patient, \_\_\_\_\_, is applying to Indiana Canine Assistant Network, Inc., for a service dog. It is important that we determine his/her needs in order to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to ICAN at the address listed below (Questions? 317-672-3865).

ICAN

Attention: Director of Client Success

5100 Charles Court, Suite 100

Zionsville, IN 46077



Medical Professional

First name:

Last name:

Address:

Relationship to patient (e.g., physician, psychologist, social worker, therapist)

1. How long have you known your patient?
2. Diagnosis and/or type of disability?
3. Date of diagnosis
4. Have you ever discussed the possibilities and abilities of a service dog with your patient?
5. In your opinion, can your patient care for a dog on his/her own or will they need help?
6. Does your patient have any special psychological needs? If so, describe.
7. How would you describe your patient's personality?
8. Have you required your patient to work on building his/her physical strength in any way? If so, what?

9. Do you feel there is any danger physically that a service dog could harm your patient (i.e., pulling on lease, strain on muscles, etc.)
10. In your opinion, is your patient well suited physically, emotionally, and mentally to work with and handle a dog?
11. A service dog can be a big help, but also comes with responsibilities. Do you feel your patient will be able to care for a dog's needs (i.e., exercise, play, quality dog food, vet care, etc.)?

Signature of health care professional:

Date:



## PERSONAL REFERENCE FORM

**TO BE COMPLETED PERSONAL REFERENCE:** Your name has been given as a personal reference by \_\_\_\_\_, who is applying to Indiana Canine Assistant (ICAN) Inc., for a service dog. It is important that we assess each applicant's needs carefully in an effort to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to ICAN at the address listed below. (Questions? 317-672-3865)

ICAN

Attention: Director of Client Success  
5100 Charles Court, Suite 100  
Zionsville, IN 46077

Your first name:

Your last name:

Address:

Relationship to applicant (e.g., friend,  
co-worker)

1. How long have you known the applicant?
2. Describe, in detail, the applicant's personality (e.g., shy, outgoing, patient, impulsive, etc.)
3. Is the applicant a "dog person"?
4. Does the applicant have a dog now? If so, describe how you have seen him/her interact with the dog?

|     |  |
|-----|--|
| 5.  | If the applicant does not have a dog, have you seen him/her interact with other pets? If so, describe this.  |
| 6.  | Do you think that a service dog would improve the applicant's life? If so, in what way?  |
| 7.  | How do you think a service dog would help the applicant physically?  |
| 8.  | What facilities does the applicant have for exercise and a dog's well-being?   |
| 9.  | Does the applicant have or have access to a fenced yard?   |
| 10. | A service dog can be a big help, but comes with responsibilities. Will the applicant be able to care for the dog's needs (ex: exercise, play, quality pet food, vet care)? |
| 11. | If the applicant would need assistance with any of the above, do you know who would be available to help?  |
| 12. | How does the applicant handle emotional challenges (e.g., anger, disappointments)  |

|     |  |
|-----|--|
| 13. | Does the applicant express bitterness and frustration toward his/her disability? If so, how?                       |
| 14. | Do you think the applicant's family and friends are supportive of the idea of having a service dog?                |
| 15. | Who is the immediate support group of the applicant (i.e., family, close friend).                                  |
| 16. | In your opinion, is the applicant well suited physically, emotionally, and mentally to work with and handle a dog? |
| 17. | Other comments:  |

Signature:

Date: