



SERVICE DOG GRANT APPLICATION

Applicant First Name _____ Last Name _____
Street Address _____ Cohasset, MA 02025
Home Phone _____ Cell Phone _____
Email address _____
Date of Birth _____

Are you a veteran? Yes No Is your disability service-related? Yes No

Occupation _____

Employer _____

Have you discussed this application with your employer? Yes No

Will your service dog accompany you to work each day? Yes No

Are you a student? Yes No Grade or Grade level _____

School attending _____ City _____

If you are a student, have you discussed this application with your school's administration? Yes No

If you are a student, will your service dog accompany you to school? Yes No

Do you have a classroom aide? Yes No

With whom do you live? _____

Are there currently pets in your home? Yes No

If yes, what kind and how many? _____

What is your primary means of transportation? _____

Do you drive? Yes No

Parent or Guardian's Name _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

Have you applied for a service dog through a providing agency? Yes No
Which agency(s)? _____
What is the status of your application? Pending Approved
What is your total fundraising goal? _____
Is your yard fenced? Yes No (note: many providers will not accept invisible or electronic fence containment)

What is your primary disability? _____
What caused your disability and at what age? _____

Please list secondary disabilities _____

What specific tasks will you need your service dog to perform for you? _____

Has your physician recommended a service dog? Yes No
Do you have a preference on size or breed of service dog?

Do you use any of the following?
Prosthesis Wheelchair Walker Crutch/Cane
Leg Brace Hearing Aid Electric Wheelchair other: _____

Please describe your home life, activities you enjoy and lifestyle in general

Who will be responsible for the daily care, feeding, toileting, grooming and veterinary care of your service dog?

Are you able to provide for the costs of food, grooming, boarding and veterinary care? Yes No
Who will care for your dog if you are hospitalized? _____

Please provide an overview of your health and family situation, including reasons why you believe a service dog might benefit you.

Have you had any prior experience with or exposure to a service dog? Yes No

If you are selected to receive a grant from the Cohasset Working Dog Foundation, may we use your photograph/video on our website and in fundraising materials to help support the organization's goal of providing grants to future recipients?

Yes No

The Cohasset Working Dog Foundation makes every effort to use its limited funds in the most responsible manner and does not discriminate on any basis whatsoever.

Applicant _____ Date _____

Parent or
Guardian _____ Date _____

(if under 21)