



Searchlight Service Dogs

Application

Service Dog

Career Change Dog

Name: Date of Birth:

Address:

City: Province: Postal Code:

Phone #: Email:

Diagnosed Medical Condition(s):

Known Allergies:

Current Medications: YES NO

Please Indicate Daily Challenges:

Mobility Restrictions:

People in the Home (Please Provide Ages):

Emergency Contact: Phone #:

Recommending Physician: Phone #:

Address:

City: Province: Postal Code:

Please List all Pets Currently at Home:

Veterinarian Name: Phone #:

Address:

City: Province: Postal Code:

Mail to: Searchlight Service Dogs OR Email: info@searchlightservicedogs.com
P.O. Box 203
Lisle, Ontario L0M1M0
Canada

Please include a copy of your prescription for a Service Dog from your physician.

- INCOMPLETE FORMS WILL NOT BE PROCESSED -

FOR OFFICE USE ONLY:

Criminal Background Record Check Included

Service Dog Prescription Included

Application Fee Included