



Application for a Service Dog

Service Animals of Mississippi (SAM) is a collaborative project with LIFE of Mississippi, funded by the Mississippi Council on Developmental Disabilities. Applicants are screened to determine individual needs, the ability to benefit from a service dog and the ability to provide a safe and healthy living environment for the dog. If applicant is a minor, a parent or adult guardian must complete this form.

Mail completed application to: The University of Southern Mississippi
Institute for Disability Studies, Project SAM
118 College Drive, Box 5163
Hattiesburg, MS 39406-0001

Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Phone _____ Cell phone _____

Email address _____

Place of Employment _____ Work Phone _____

Work Address _____ City _____ State _____ Zip _____

Nearest Relative _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

How did you hear about Service Animals of Mississippi? _____

Please describe your disability and the nature of your limitations. _____

How long have you been disabled? _____

Select one: Married Single Divorced Separated Widowed

Select all that apply: Work at home Work outside home Attend school

I live in a: House Apartment Trailer Other

Is your home accessible? Yes No

My home has A fenced yard An enclosed area

I live with Parents Spouse Group Alone

Number of children _____ Ages _____ Total number of residents in home _____

Describe other members in your home. *Do you have an attendant?* _____

My other pets include: Dogs # _____ Cats # _____ Birds # _____

Describe other pets - age, size, temperament _____

What kind of assistance animal do you want? Service dog to perform specific tasks Therapy dog for use with a professional for therapy and social interactions Companion dog for social/emotional support

Have you ever been partnered with a service dog? Please give details. _____

Please list, in order of importance, the tasks you would like your dog to perform for you

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

Do you use special equipment or assistive technology? (i.e. cane, wheelchair, van with lift, walker, braces, speech board, other devices) If yes, please explain. _____

How do you get around town? (i.e. van, own car, public transportation, friends) _____

Please provide us with any additional information you feel is necessary. _____

You will be contacted by staff to further determine your needs and qualify you for the placement of a service dog.

Project SAM, Institute for Disability Studies, The University of Southern Mississippi extends equal consideration and treatment to all persons regardless of race, color, national origin, religion, creed, gender, sexual orientation, marital status, age, or physical or mental disabilities or medical conditions. We reserve the right to deny services to an applicant if it can be determined that the individual's special circumstances or requirements could result in the unsafe handling of the dog or may cause undue hardship, personal injury to the handler or endanger the safety of the general public.

Applicant Signature _____ Date _____

If applicant is a minor, under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Print Name _____ Signature _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Relationship to applicant _____



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

Service Animals of Mississippi (SAM) is a collaborative project with LIFE of Mississippi, funded by the Mississippi Council on Developmental Disabilities. Please visit us on the Web at www.usm.edu/ids/sam or call 601.266.5163 for more information.