

Changing Lives One Dog at A Time

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303-936-2675

Letter of Interest

This is the FIRST step in applying for an assistance dog from our organization

Name of Applicant:

Date:

Address:

Day Phone:

Evening Phone:

Choose Type of Assistance Dog you are applying for:

Guide Medical Service Therapy

This dog will be used by:

My Minor Child Myself

Please describe your needs:

Please tell us any specialized tasks you would like your dog to preform:

By Checking the boxes below you acknowledge the following:

This dog will be individually trained to perform a minimum of three tasks to meet my needs.

I am responsible for any damage caused by this assistance dog while he or she is in my care.

There is a non-refundable processing fee of \$25.00 required at the time this form is submitted.

Please submit required documentation with this form: a letter from your doctor stating that you have a medical condition where you would benefit by having an assistance dog, mitigating activities of daily living. This letter should not state your disability, only that you would benefit from having an assistance dog and that you qualify for one under the ADA.

Signature of Applicant/Parent Guardian (if applicant is under 18 years of age)