

Ability Dogs, Inc.

Service Dog Certification Application Attach Service Dog Color Photo (No copies/printouts)

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|--|---|
| <u>Print and mail to:</u> Ability Dogs 541 N. Main St. Ste 104-147 Corona, CA 92880-2048 | <u>Certification Fee: \$250.00</u> Checks, money orders accepted |
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| | | | | | |
|----------------------------------|--|----------------|--|-------------|--|
| Disabled Handler Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Home Phone #: | | Work #: | | | |
| Cell Phone #: | | | | | |
| Email: | | | | | |
| Describe your Disability: | | | | | |
| | | | | | |

Service Dog Information

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|------------------------|-------------------------------|---------------------------------|-----------------|--|---------------|--|
| Breed: | | | | | | |
| Sex: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age/DOB: | | Color: | |
| Name: | | | | | | |
| Trained Tasks: | (must have at least 2) | | | | | |
| | | | | | | |
| | | | | | | |
| Training Needs: | | | | | | |
| | | | | | | |
| | | | | | | |

Trainer/Instructor Information (If self, use your name)

| | | | | | |
|-----------------|--|---------------|--|-------------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| Phone #: | | | | | |

I/we hereby attest that the handler has a qualified disability under the Americans with Disabilities Act; and the above named animal's primary function is as a service animal for the benefit of its disabled handler, and that the animal is qualified by training, is well behaved in public, and is under the safe control of its handler while working. I/we declare under penalty of perjury that the foregoing is true and correct.

Handler Signature _____ **Date:** _____
Witness Signature _____ **Date:** _____
Witness printed name: _____ **Ph#:** _____

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|---|
| Office Use Only |
| Denied _____ Approved _____ ADI# _____ Date Issued: _____ |