

Northwest Elite Working Dogs

Initial Application / Facility Meet Questionnaire

A. Applicant Information

- Full Name: _____
- Address: _____
- City/State/ZIP: _____
- Phone / Email: _____
- Preferred Contact Method: Phone / Email / Text

B. Disability & Task Needs

1. What is your primary disability or diagnosed condition? _____
2. What are the daily functional limitations that an assistance dog could help with? (Check all that apply)
 - Mobility / balance
 - Seizure alert / medical alert
 - PTSD / anxiety / psychiatric support
 - Autism/social communication
 - Other: _____
3. Do you have a licensed professional (physician, therapist) who can submit an attestation of the need for a service dog? Yes / No

C. Readiness & Commitment

4. Are you willing and able to attend in-person training / orientation (on site) for up to ___ days (e.g. 2 weeks)? Yes / No
5. Are you able to cover recurring costs: vet care, food, grooming, supplies? Yes / No
6. Are you willing to travel for placement / meet / interviews if needed? Yes / No
7. Do you understand waiting periods may be 1-3 years depending on demand and program? Yes / No

D. Environment & Support

8. Do you have stable housing (own/rent) with safe access for a working dog? Yes / No
9. Do you have other pets in the home? Yes / No → if yes, what kind & how many: _____
10. Who else lives in your household? (Names / relationships / ages) _____
11. Do you have a fenced yard or safe outside space for exercise? Yes / No

E. Meet / Home/Facility Visit-Ready Questions

12. Entry/Exit: Are there steps, stairs, or difficult transitions into your home? Yes / No → Please describe:

13. Floor surfaces (tile, carpet, wood) and any hazards (wires, slippery surfaces): _____
14. Crate/sleeping space: Do you have a plan/location for dog's crate or bed inside home? Yes / No → Describe: _____
15. Household schedule: Approximate hours dog will be alone / out / with handler: _____

F. Legal / Background / Financial Disclosure

16. Are you willing to consent to a background check if required? Yes / No
17. Have you ever been convicted of a felony? Yes / No
18. Do you understand that service dogs may be returned to the organization if unable to continue? Yes / No
19. Do you have financial resources / options / fundraising support to help cover cost portions (if any)? Yes / No → if yes, describe: _____

G. Signature

I, the applicant, certify that the above is true and understand the program requirements, commitments, and potential costs.

Signature: _____ Date: _____