

Pilot Dogs, Inc. / Hearing Dogs

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Columbus, Ohio 43215
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Hearingdogs@pilotdogs.org

Application for a Hearing Dog

Date: _____

Name _____
(First) (Middle) (Last)

Address _____

City, State, Zip _____

Telephone (Cell) _____ (Home) _____ (Work) _____

Do you have TTY at work? Yes/No Do you have TTY at home? Yes/No
Date of Birth _____ Height _____ Weight _____ Married/Single _____ Sex M/F

Medical Insurance Company _____

Type of Home: Apartment _____ City Home _____ Country Home _____ Other _____

Do you own or rent? _____

If you rent, who do you mail the rent payments too? _____

(Landlord Name & Telephone Number)

Name of Persons in your home Age Relationship to you

Name of Persons in your home	Age	Relationship to you
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of Emergency, contact: _____ Number _____

Education: Elementary _____ High School _____ College _____

Current Status: In School/Employed/Retired/volunteer/Other _____ (circle one)

Where? _____ What Days? _____ What hours? _____

May we call you are work? Yes / No If yes, what days and hours? _____

Do you have experience in use of a hearing dog? _____

From where? _____

Are there other people living in your home whom also have hearing loss? Yes / No
If yes, what are their names and ages? _____

Are there hearing people living if you home? Yes / No
If yes, what are their names and ages? _____

A non-profit organization to train and furnish Hearing Dogs to the hearing impaired.

If we are unable to reach you, who may we leave a message with? _____
(Name and Number)

Are you: Deaf _____ Hard of Hearing _____ Do you wear hearing aids? Yes / No

If yes, how many? _____ Give cause and date of deafness _____

*Please send us a copy of your most recent audio-gram (hearing test paper).

Do you communicate using: Sign language / lip-reading / speech / Other _____

Do you have any physical limitations other than hearing loss? _____

Do you have a drivers license? Yes / No

Do you have transportation to & from the dog's: veterinarian, petstore, kennel? _____

If yes, will you use you: Own car _____ Bus _____ Friend _____ Other _____

Why do you want a Hearing Dog? _____

How did you learn about Pilot Dogs/Hearing Dogs? _____

Do you have any plans for travel, moving, or anything else that will take you away from home in the next 12 months? _____

Have you ever had a dog before? _____

Do you have a dog now? Yes / No If yes, how many? _____

List breed of dog and ages: _____

Who feeds and walks the dog(s)? _____

Who does the dog listen to most? You _____ Someone else in the house _____

Where does your dog spend most of its time? Inside the house or outside? _____

If you do have a dog, do you want it trained to be your Hearing Dog? Yes / No

****If yes, please have your veterinarian fill out the special veterinarian form and return it with this application.**

If you DO NOT have a dog, is there a special kind that you would want (age, size, & size)? _____

IN ALL CASES, THE TRAINER MAKES THE FINAL SELECTION OF DOG TO MATCH THE WORKING ABILITIES AND NEEDS OF THE STUDENT.

Do you have any other pets? (Please list) _____

Who is your Veterinarian? _____

List address & telephone _____

How many hours each day would the dog be alone? _____

Where will the dog be kept, when you are not at home? _____

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Please list the places that you plan on taking your Hearing Dog (Example: Work, restaurants, stores, hotels, social, etc): _____

Do you have a fenced-in yard? (Circle One) Yes / No

Are you or anyone in your home allergic to dogs? Yes / No If yes, please explain _____

A Hearing Dog requires training, exercise and play every day. Will you have extra time every day to do this? Yes / No

Are you able to attend several training sessions at our facility in Columbus, Ohio? Yes / No If no, please explain _____

References: * Please print or type neatly* Provide Full address and Email
List (4) friends, clergy, co-workers, neighbors, or counselors (**no relatives**)

1) _____ Street _____
City, State, Zip _____

Email: _____

2) _____ Street _____
City, State, Zip _____

Email: _____

3) _____ Street _____
City, State, Zip _____

Email: _____

4) _____ Street _____
City, State, Zip _____

Email: _____

Do you agree not to use the Hearing Dog for mendicancy? _____ (We consider mendicancy the acceptance of money without rendering comparable service or merchandise.)

Comments / Questions / Problems – Please write them below:

Signature _____ Date _____

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