

## Applicant's Form

Here is the form to complete in order to submit a request for a service dog from Académie MédiCanin. We reserve ourselves the right to automatically decline your request if any required information is missing.

The information you provide will allow us to review your request and determine if you meet our admission criteria.

*(To be completed by the legal guardian if the beneficiary is under 16 years old or unable to complete the form.)*

### General informations of the handler

Last name :	First name :
Complete address :	Phone number :
	Email :
Date of birth : __/__/____ dd/mm/yyyy	Gender and pronouns : <input type="checkbox"/> Woman (she/her) <input type="checkbox"/> Man (he/him) <input type="checkbox"/> Non-binary (they/them) <input type="checkbox"/> Other/Prefer not to answer _____
Speaking corresponding language : <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other : _____	Langue de correspondance écrite : <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other : _____

**\*Legal guardian's full name :**

### Information about the handler's residence

What kind of residence do you live in?  <input type="checkbox"/> Homeowner <input type="checkbox"/> House renter <input type="checkbox"/> Appartement
What kind of environment do you live in?



<input type="checkbox"/> Town <input type="checkbox"/> Suburb <input type="checkbox"/> Country
Do you have land? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, is it fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No

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### Informations about family life

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Please list every individual living in your household.			
First and last name :	Age :	Relationship :	Pet allergies (yes/no) :

Please list each animal living in your household (including your program candidate)			
Name and breed :	Age :	Sex :	Sterilized (yes/no) :



Are the individuals living in your household in agreement with you training a service dog ?

- ☐ Yes  
☐ No

If not, elaborate : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Informations about professional life

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Are you employed?

- ☐ Yes  
☐ No

If yes, what is your job? : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Medical informations of the handler

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Have the symptoms been persistent for more than six (6) months?

- ☐ Yes  
☐ No

Do you use mobility aid(s)?

- ☐ Yes  
☐ No

If yes, elaborate : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe you are physically and mentally capable of training and taking care of your future service dog?

- ☐ Yes  
☐ No

If not, elaborate : \_\_\_\_\_  
\_\_\_\_\_



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## Complementary informations

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Do you think you will be able to travel to the designated location for consultations with your assigned trainer?

- ☐ Yes  
☐ No

If not, elaborate : \_\_\_\_\_

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How did you come to the conclusion that you wanted to address your disability with the help of a service dog?

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What do you expect from your future service dog?

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Describe your energy level, your activities (work, hobbies, etc.), and your family dynamic.

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_____
_____
Please provide the following information about your main emergency contact, who can take your future service dog in case of an emergency: Name : _____ Address : _____ Phone number : _____

I certify that all the information provided above is accurate and complete to the best of my knowledge. I authorize the MediCanin Academy to contact me and my medical team for further information or to verify missing, questionable, or inaccurate information based on the medical form completed by the authorized medical personnel.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Académie MédiCanin

819-290-1943, [info@academiemedicanin.ca](mailto:info@academiemedicanin.ca)

