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**DIABETIC ALERT SERVICE DOG APPLICATION**

**Name:**

Click or tap here to enter text.

**Birthdate:**

Click or tap to enter a date.

**Parent or guardian if minor:**

Click or tap here to enter text.

**Home Phone:**

Click or tap here to enter text.

**Cell Phone:**

Click or tap here to enter text.

**Email:**

Click or tap here to enter text.

**Address:**

Click or tap here to enter text.

**City:**

Click or tap here to enter text.

**State and Zip:**

Click or tap here to enter text.

**Please tell us how you heard about us? i.e. friend (who?), Internet:**

Click or tap here to enter text.

**Which training program are you interested in?**

Choose an item.

**Have you ever owned a dog before?**

Choose an item.

**Have you ever owned a service dog before?**

Choose an item.

**Other than your service dog, are you planning to obtain any other animals within the next year?**

Choose an item.

**Please explain your reason(s) for wanting a Service Dog:**

Click or tap here to enter text.

**Please tell us the type of home you have i.e. apartment, single/multi-level, high rise:**

Click or tap here to enter text.

**Please list names and ages of adults and children that live in the home:**

Click or tap here to enter text.

**Do you have stairs?**

Choose an item.

**Do you have an elevator?**

Choose an item.

**Do you have a yard?**

Choose an item.

**If you have a yard, is it fenced and secure?**

Choose an item.

**Please describe the area that will be utilized for your dog’s relief area (restroom):**

Click or tap here to enter text.

**Do you have a motor vehicle?**

Choose an item.

**If you have a motor vehicle please provide make, model and year:**

Click or tap here to enter text.

**Please describe public transportation that you use and how often, i.e. bus, subway, or airline:**

Click or tap here to enter text.

**Are you a student?**

Choose an item.

**If yes, please provide grade level, school address, principal’s name:**

Click or tap here to enter text.

**Are you employed?**

Choose an item.

**If yes please describe occupation and work environment i.e. office, factory, busy, noisy:**

Click or tap here to enter text.

**Describe your lifestyle and activity level i.e. hobbies, sports, etc.:**

Click or tap here to enter text.

**Do you have any of the following conditions?**

Deafness / Hearing loss

Speech impairment

Vision impairment

Limited mobility

Muscular weakness

Memory loss

Allergies

Chronic pain

Heightened emotions

Depression

Attention deficit disorder

Hyper-activity disorder

Skin sensitivity

Heat / cold sensitivity

Balance or coordination problems

Kidney disease

Kidney dialysis

Neuropathy

Retinopathy

Amputations

Other condition - Please specify:

Click or tap here to enter text.

**Do you use any of the following?**

Glasses

Prosthesis

Leg brace

Wrist brace

Cane or crutch

Walker

Manual wheelchair

Electric wheelchair

Hearing aid

**Are you or anyone in the household allergic to dogs?**

Choose an item.

**If yes, please describe who is allergic to dogs:**

Click or tap here to enter text.

**Do you use tobacco products?**

Choose an item.

**Does anyone in the household use tobacco products?**

Choose an item.

**Please describe any dogs that live in the household or visit often.**

Click or tap here to enter text.

**Include age, breed, sex, and if they are spayed or neutered.**

1. Click or tap here to enter text.

2. Click or tap here to enter text.

3. Click or tap here to enter text.

4. Click or tap here to enter text.

5. Click or tap here to enter text.

6. Click or tap here to enter text.

**Please describe any other animals that live in the household or visit often.**

(Cats, Rabbits, Chickens, Birds, Horses, Goats, etc.)

Click or tap here to enter text.

**Please provide any additional information you feel is relevant:**

Click or tap here to enter text.

**At what age were you diagnosed as a Diabetic?**

Click or tap here to enter text.

**What was the date of your last A1c?**

Click or tap here to enter text.

**What was the result of your last A1c?**

Click or tap here to enter text.

**Type of diabetes?**

Choose an item.

**Insulin dependent?**

Choose an item.

**If Yes, Insulin delivery method?**

Choose an item.

**Do you use a Continuous Glucose Monitor (CGM)?**

Choose an item.

**Is there anything else you would like us to know?**

Click or tap here to enter text.