

GUIDE DOGS OF AMERICA



Please return this application with the following:

- Ophthalmologist Report
- Physician's Report
- Orientation & Mobility Evaluation
- Release of Information Form
- Video

SEND TO:

**Guide Dogs of America
13445 Glenoaks Blvd.
Sylmar, CA 91342
Attn: Admissions**

**Telephone & Fax: 818-833-6428
Email: Admissions@GuideDogsofAmerica.org**

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit	
City		State		ZIP	
Phone			E-mail Address		
How long have you lived at your present address?					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

HOME LIFE INFORMATION

Marital Status:			
Spouse/Life Partner's Name:			
With whom do you reside?			
How many adults reside with you?			
How many children reside with you?		Children's Age(s):	
How many pets reside with you?			
Type(s) of pets who reside with you:			

ORIENTATION AND MOBILITY TRAINING

Have you had Orientation and Mobility Training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of your last mobility training session:		
Name of Orientation and Mobility Instructor:		
Instructor's Organization:		
Instructor's Phone:		
Instructor's Email:		

TRAVEL

Do you travel independently?

YES

NO

Would you consider yourself a confident, independent traveler?

YES

NO

Current preferred
method of travel:

CANE

SIGHTED
GUIDE

GUIDE
DOG

OTHER (please explain)

Do you feel you have the stamina to tolerate walks of 1 to 2 miles twice a day?

YES

NO

If no, please explain:

Please describe your daily routine:

How would a guide dog enhance your life?

GUIDE DOG EXPERIENCE

Have you ever attended a guide dog school?

YES

NO

If so, which one(s)?

Did you graduate?

YES

NO

If not, please explain:

How many prior guide dogs have you had?

Have you ever returned a guide dog to a guide dog school?

YES

NO

If yes, what were the reason(s) for returning the dog?

Have you ever retired a guide dog after having the dog for less than 5 years?

YES

NO

If yes, what were the reason(s) for such retirement?

HEALTH

Name of Primary Physician:

Phone of Primary Physician:

Are you legally blind?

YES

NO

What is the cause of your blindness?

Age of onset of blindness:

Do you have a hearing impairment?

YES

NO

Do you wear hearing aids?

YES

NO

Do you have any physical limitations and/or special needs?

YES

NO

If yes, please describe:

Do you have any allergies?

YES

NO

If yes, please list the allergies:

Do you suffer from any of the following conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes
<input type="checkbox"/> Hypertension
<input type="checkbox"/> Asthma
<input type="checkbox"/> Seizures
<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Chronic Pain
<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Skin Sensitivity | <input type="checkbox"/> Balance Issues
<input type="checkbox"/> Limited Mobility
<input type="checkbox"/> Reduced Stamina
<input type="checkbox"/> Muscular Weakness | <input type="checkbox"/> Anxiety
<input type="checkbox"/> Depression
<input type="checkbox"/> Heightened Emotions
<input type="checkbox"/> Nervous Troubles |
|--|--|--|

Date of Birth

Gender:

Height:

Weight:

GDA REQUIRES ALL APPLICANTS TO BE SEIZURE FREE FOR ONE (1) YEAR PRIOR TO APPLYING

Do you have or have you ever had seizures?

YES

NO

Date of last seizure:

Date of last hospitalization due to seizure:

Last date anti-seizure medication was checked:

EDUCATION

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

PERSONAL REFERENCES

Please list three (3) personal references

Full Name		Relationship	
Home Phone		Cell Phone	
Email Address			

Full Name		Relationship	
Home Phone		Cell Phone	
Email Address			

Full Name		Relationship	
Home Phone		Cell Phone	
Email Address			

SIGNATURE

I certify that the above information is true and correct:

Print Name:	
Signature:	
Date:	

Guide Dogs of America does not discriminate against race, religion, creed, gender, gender identity/association, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected class.