



**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](mailto: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

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

## ORIENTATION AND MOBILITY TRAINING

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

## 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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you wear hearing aids?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have any physical limitations and/or special needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please describe:			
Do you have any allergies?	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
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 checked="" type="checkbox"/> Depression <input checked="" type="checkbox"/> Heightened Emotions <input checked="" type="checkbox"/> Nervous Troubles	
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**

High School

Address

From

To

Did you graduate?

YES ☐NO ☐

College

Address

From

To

Did you graduate?

YES ☐NO ☐

Degree

Other

Address

From

To

Did you graduate?

YES ☐NO ☐

Degree

**PERSONAL REFERENCES**

Please list three (3) personal references

Full Name

Relationship

Home Phone

Cell Phone

Email Address

<b>Full Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Email Address</b>			
<b>Full Name</b>		<b>Relationship</b>	
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Email Address</b>			
<b>SIGNATURE</b>			
I certify that the above information is true and correct:			
<b>Print Name:</b>			
<b>Signature:</b>			
<b>Date:</b>			

**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.**