



# SugarDogs International



## APPLICATION FOR TRAINING A SERVICE DOG

Name: \_\_\_\_\_  
(If a minor, Name is Child's Name on all our forms)

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Type? Circle: Mobile Home Work Other  
\_\_\_\_\_ Type? Circle: Mobile Home Work Other

(E-Mail) \_\_\_\_\_

### Health Insurance Information:

Name of Health Insurance Company: \_\_\_\_\_

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Member or ID Number: \_\_\_\_\_

Name of Primary Insured if NOT Applicant: \_\_\_\_\_

Relationship to Insured: Child, Spouse, Other: \_\_\_\_\_  
(please circle) explain...

Group Name: \_\_\_\_\_

Treatment Authorization Number: \_\_\_\_\_

If you have Medicare or Medicaid, please complete the health insurance information above.  
If you have Medicare and a supplemental policy, please provide the supplemental information  
on the back of this page.

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If you do not live in a metropolitan area, please tell us the major city closest to you with an  
airport and describe where it is in relation to your home. For example, "Approximately 30 miles  
east of Tampa International Airport, just off I-4."

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Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_ A.M. or P.M.

Place of Birth (City, State, Country) \_\_\_\_\_

Female or Male (please circle) Social Security Number: \_\_\_\_\_

Name of Nearest Relative: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

Marital Status of Diabetic/Disabled Person: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Type I (juvenile insulin dependent) diabetes mellitus  Yes  No

Type I (insulin dependent adult) diabetes mellitus  Yes  No

Type II (adult onset – oral medication) diabetes mellitus  Yes  No

Type II (insulin dependent adult) diabetes mellitus  Yes  No

**OTHER HEALTH CHALLENGES?** \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY. If the question does not apply, leave it BLANK!!!**

What are the effects of your disability?

Failure to recognize hyperglycemia  Failure to recognize hypoglycemia

Deafness  Speech Impairment  Reduced Stamina  Hearing Loss

Coordination Problems  Limited Mobility  Memory Loss  Spasticity

Slowed Development  Vision Impairment  Muscular Weakness

Other: \_\_\_\_\_

Do you have any problems with....  Brittle Diabetic (wide swings in glucose)

Allergies  Chronic Pain  Heightened Emotions  Depression

Skin Sensitivity  Balance  Brittle Bones  Heat/Cold Sensitivity

( ) Seizures- if yes, what type and how often? \_\_\_\_\_

Also, what treatments or medications are you using or have you used to control your seizures?

\_\_\_\_\_

Do you use any of the following aids or assisting devices?

( ) Prosthesis    ( ) Leg Brace    ( ) Electric Wheelchair    ( ) Manual Wheelchair

( ) Wrist Brace    ( ) Hearing Aid    ( ) Crutch/Cane    ( ) Walker

( ) Other: \_\_\_\_\_

Are you active in the military, a veteran, or a dependent of an active member of the military or veteran? If yes, please explain. \_\_\_\_\_

Primary Care Physician, PT, OT and/or Other Health Professionals Important to Your Care  
(Please list ALL with phone numbers. Separate Sheet is OK):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing:    Home \_\_\_\_\_    Apartment \_\_\_\_\_    Other (Describe): \_\_\_\_\_  
                  Yard \_\_\_\_\_    With Fence \_\_\_\_\_    Without Fence \_\_\_\_\_

Please list all persons living with you:

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |
| _____       | _____               | _____      |

Do you have an attendant?    ( ) Yes    ( ) No    Full-Time \_\_\_\_\_    Part-Time \_\_\_\_\_

Please describe your home and your neighborhood (i.e., quiet, lots of visiting children, close to retail/commercial, suburban, rural, lots of traffic, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Have you ever had a dog? Describe your experience with your dog: \_\_\_\_\_

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Have you ever had a Poodle? Describe your experience with your Poodle: \_\_\_\_\_

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Do other animals live with you or visit you frequently? If so, please describe (including breed, sex and age). Who is responsible for the care of these animals? \_\_\_\_\_

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Who will assist in the daily care and training of your dog, if appropriate? \_\_\_\_\_

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Does anyone in your household have concerns about having a diabetic or medical alert service dog in their home? If so, please explain: \_\_\_\_\_

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Are you (or anyone in your household) allergic to animals? \_\_\_\_\_

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Are you (or anyone in your household) concerned about fleas, shedding? \_\_\_\_\_

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Are you currently employed? If so, do you want your dog to assist you while at work? In what way? \_\_\_\_\_

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Have you discussed with your employer / co-workers having a service dog in the workplace? Are they supportive?

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Are you currently in high school? If so, do you want your dog to assist you while in school? In what way? \_\_\_\_\_



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Because it is important to teach others about service dog teams, what kind of community service would be of interest to you?

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What questions or concerns do you have that we may address?

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**Please also send:**

- A recent photo of the person
- If diabetic, A1c laboratory results for the past year (lab reports only please)
- Medical History Form signed by your physician
- Donation to Sugar Dogs International, Inc.\*

**By signing this application,** I promise to practice the Sugar Dogs International Training Method for myself and my Sugar Dog, OR on behalf of my minor child and his/her Sugar Dog, in good faith, with consistent practice. Also, I understand that the Training Method is protected by international copyright and trademark laws, which means I cannot share the Training Method with anyone and will monitor my minor child so that this “secret” is not inadvertently shared, and prohibit the infringement of the copyright and/or trademark secret.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
If a minor, this form should be signed by parent

Printed Name of Person Signing Application: \_\_\_\_\_

Please return to this original document to:

**Sugar Dogs International, Inc.  
804 W. Hamlin St.  
Plant City, FL 33563-1712**

- We have no “fees;” however, we will bill your insurance company for the full cost of the training. **PLEASE make a donation.** Friends, family and your local community can make donations on your behalf. Many donate on a monthly or quarterly basis. The average donation is \$7,500.00 per Diabetic or Disabled Person. Donations are tax deductible up to \$13,000.00 for the current tax year per taxpayer (2014).
- We anticipate that it will take two (2) years to become a reliable Sugar Dog team.

Last Revision: 4/2/2014