



[Support Dog Application](#)

Participant Information

Date of application: _____

Full Name of Participant (First/Last) _____

Date of Birth ____/____/____ Age _____

Home Address _____

City _____ State _____ Zip _____

Home Phone #: () _____ Alternate Phone #: () _____

Type of epilepsy or neurological disorder diagnosed:

The service dogs are provided as puppies and will need to be trained for specific service, the cost of training is provided by the Kara Lynn Foundation. Do you feel you have the time commitment to participate in the training of the service dog to meet your specific needs? Yes ___ No ___ I'm not sure ___

Please describe what it would mean to you to be provided a service dog (filled out by participant):

Do you have any other animals in the home? Yes _____ No _____

If yes, have those animals had experience around puppies/dogs? _____

Do you rent or own your home? Rent _____ Own _____

If you rent, would you be able to provide a letter or your landlord's information to confirm you are allowed to have a dog in the residence? Yes _____ No _____

Please note: The cost of a security deposit (if applicable) for the dog will be your responsibility.

Media Consent

I give my consent for Kara Lynn Foundation to share photos and/or videos related to receiving a service dog. I understand these images may be used by the sponsoring organization's website, social media, or other marketing materials.

*INITIAL _____ If participant is under 18, parent/guardian's initials _____

All of the information above is true and correct to my knowledge.

Participant [or parent/guardian] printed name _____

Participant [or parent/guardian] signature _____

Date _____