



# Searchlight Service Dogs

## Application

Service Dog

Support Dog

Name:  Date of Birth:

Address:

City:  Province:  Postal Code:

Phone #:  Email:

Diagnosed Medical Condition(s):

Known Allergies:

Current Medications: YES  NO

Please Indicate Daily Challenges:

Mobility Restrictions:

People in the Home (Please Provide Ages):

Emergency Contact:  Phone #:

Recommending Physician:  Phone #:

Address:

City:  Province:  Postal Code:

Please List all Pets Currently at Home:

Veterinarian Name:  Phone #:

Address:

City:  Province:  Postal Code:

Mail to: Searchlight Service Dogs OR Email: [info@searchlightservicedogs.com](mailto:info@searchlightservicedogs.com)  
P.O. Box 203  
Lisle, Ontario L0M1M0  
Canada

**Please include a copy of your prescription for a Service Dog from your physician.**

**- INCOMPLETE FORMS WILL NOT BE PROCESSED -**

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**FOR OFFICE USE ONLY:**

Criminal Background Record Check Included

Service Dog Prescription Included

Application Fee Included