



Arizona Goldens LLC

Service Dogs Helping Others Improve Their Lives

www.azgoldensllc.com ♦ Office: 480-205-6810 ♦ Fax: 1-866-674-3186



Client's Information:

Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Describe your disability and how it affects your life: _____

How did you hear about us: _____

Animals Information:

Name: _____ Breed(s): _____

Age of Dog (Birth Date): _____ Neutered: Yes No

**Please attach or fax vaccination history to AZG. All dogs must be current on vaccinations to attend class.*

Service Needed:

- Service Dog Refresher Classes Recertification New Service Dog
 Puppy Purchasing Consultation First time certification for owner trained team

Type of Service Dog interested in: **Mark all that apply*

- Guide Dog Wheelchair Assistance Dog Alerting Dog Hearing Dog
 Social / Therapy Other Assistance Dog _____

Details:

What are five tasks or goals you need your service dog to perform to assist you:

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

I understand and agree that Arizona Goldens LLC shall not be liable for any injury or damage to any person, animal, or property. Arizona Goldens LLC reserves the right to refuse or terminate training services to any owner trained service dog at any time for any reason. I understand that I must pass all Arizona Goldens LLC tests and programs in order to be certified, and must be annually re-evaluated and pass recertification tests. I hereby release any photo/image of my person, likeness, and name to Arizona Goldens LLC.

Signature: _____ Date: _____