# Introduction

Hearts of Gold is a non-profit organization located in Morgantown, WV. We are funded by grants, foundations, and private donations, which enables us to place Emotional Support Animals based on client need rather than client income.

Completed applications will be reviewed by an unbiased application review committee to determine applicant eligibility for a released Hearts of Gold dog. If considered eligible, a member of the Hearts of Gold team will reach out to you.

There is a continuation sheet included in this application. Please use this sheet to elaborate on any of the sections of this application that you believe need further explanation. If there is any other information you would like to provide that is not already included in this application, you may enter it into the continuation sheet as well.

# Section 1: Basics

|  |  |
| --- | --- |
| Name of Applicant: | Date: |
| Applicant Email Address: | Applicant Phone Number: |
| Applicant Physical Address: | |
| Is Applicant currently enlisted in or a veteran of the U.S. Military? Yes / No | If yes, what branch? |
| In Service from: | In Service to: |
| Rank in service: | Is the request for an Emotional Support Animal directly related to a disability that resulted from service? Yes / No |
| How did you hear about Hearts of Gold? | Whose idea was it to apply for an Emotional Support Animal?? |
| What is your current profession? | How long have you been at your current job? |

# Section 2: Household Demographics

# Section 2a: Occupants

Please list all occupants who are regulars of the household in which the dog will reside. Include the primary caretaker/owner and the relationship of each individual to the owner

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| --- | --- | --- | --- |
| First and Last Name: | Age: | Gender: | Relationship to Applicant: |
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## Section 2b: Residence

|  |  |  |
| --- | --- | --- |
| Type: | | |
| Detached Single Home Townhouse Apartment/Condo Mobile Home Other: | | |
| Legal Status: Own / Rent | Approx. Sq. Footage: | # Rooms (including bedrooms): |
| Does the Residence Have: | | |
| Dog Door: Yes / No | Outdoor Kennel Run: Yes / No | Tie-out Stake: Yes / No |
| Overhead Cable Run: Yes / No | Outdoor Dog House: Yes / No | Other: |
| Yard Description | | |
| Front Yard Size (Approx. Sq. Ft.): | Back Yard Size (Approx. Sq. Ft.): | Other: |
| Front Yard Fenced: Yes / No | Back Yard Fenced: Yes / No | Other Fencing: Yes / No |
| If “Yes” to any of the above, please describe the type of fence, its construction, height, etc.: | | |
| If “No” to all the above, please explain arrangements you will utilize for exercise and bathroom requirements for the dog: | | |

## Section 2c: Other Pets/Animals Maintained by Members of the Residence

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Animal: | Breed: | Gender: | Age: | Altered: | Where Maintained: |
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| Do any of the above pets have any kind of behavioral or medical concerns? If yes, please explain. | | | | | |

## Section 2d: Dog’s Environment

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| --- | --- |
| The dog will be primarily maintained: | Indoors / Outdoors |
| Will the dog ever be tied up or chained while outdoors? | Yes / No |
| If yes, please explain: | |
| Will the dog have access to all rooms of the residence? | Yes / No |
| If no, which rooms would be restricted: | |
| Where will the dog spend its time when left alone in the residence? | Crate / Free Roam / One room |
| How many hours a day will the dog be left alone in the residence? | Consecutive: Total: |
| Where will the dog be left during vacations, business travel, etc.? | |

## Section 2e: Experience

|  |  |  |
| --- | --- | --- |
| Please answer the following questions: | YES | NO |
| Has the applicant or any other member of the household ever trained a dog before? |  |  |
| Has the applicant or any other member of the household ever trained a dog by attending an obedience school or using a “private” trainer? |  |  |
| Has the applicant or any other member of the household ever “CRATE” trained a dog before? |  |  |
| Has the applicant or any other member of the household ever had to surrender a pet to a shelter for any reason?\*\*\* |  |  |
| Has the applicant or any other member of the household ever had to sell, give away, or otherwise rehome a pet because they were, for any reason, unable or unwilling to care for the pet?\*\*\* |  |  |
| If you answered YES to any of the questions with \*\*\* please explain: | | |

## Section 3a: Care of Dog

|  |  |  |
| --- | --- | --- |
| A Dog REQUIRES daily care, training, and attention. Please indicate if you can provide the following for an Emotional Support Animal | YES | NO |
| Do you have time to spend with the dog? |  |  |
| Are you able to exercise the dog? |  |  |
| Are you able to provide the dog with adequate enrichment and mental stimulation? |  |  |
| Are you able to allow adequate time for elimination multiple times per day? |  |  |
| Are you able to take the dog to the veterinarian? |  |  |
| Are you able to ensure that the dog is kept current on vaccines and preventatives? |  |  |
| Are you able to groom the dog or take the dog to a professional groomer? |  |  |
| Are you able to provide adequate nutrition and water for the dog? |  |  |
| Are you able to invest an average of $1500 annually to care for the dog? |  |  |

## Section 3b: Veterinarian

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| --- | --- | --- |
| Please provide the following information about the veterinarian you have established yourself with who would be handling the care of the Dog: | | |
| Name of Veterinarian Practice: | | Name of Veterinarian(s): |
| Street Address: | | City: |
| State: | Zip: | Number of years you have been with this veterinarian: |
| Phone Number: | | Fax Number: |

# Section 4: References

Please provide 2 personal references (not family members or anyone listed in this application) and one professional (employer, minister, counselor) who can attest to your character and history with animals. Please ensure that all references are prepared to answer questions on your behalf.

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| --- | --- | --- |
| Reference #1 | | |
| Name: | Address: | Email Address: |
| Phone Number: | Number of Years Known: | Relationship to Applicant: |

|  |  |  |
| --- | --- | --- |
| Reference #2 | | |
| Name: | Address: | Email Address: |
| Phone Number: | Number of Years Known: | Relationship to Applicant: |

|  |  |  |
| --- | --- | --- |
| Reference #3 PROFESSIONAL | | |
| Name: | Address: | Email Address: |
| Phone Number: | Number of Years Known: | Relationship to Applicant: |

# Section 5: Acknowledgements and Documentation

## Section 5a: Acknowledgements

Please initial each of the following statements to acknowledge that you have read and understand each item listed below.

|  |  |
| --- | --- |
| Initials | Statements |
|  | I understand that applying for a released dog/emotional support animal does not guarantee that I will receive a dog from this organization. |
|  | I understand that the estimated yearly cost of caring for a dog is $1500 and that I am responsible for these costs. This estimate does not include any kind of unforeseen or emergency expenses that may arise. |
|  | I understand and acknowledge that a released service dog/ESA is not eligible to be a service dog in the future. |
|  | I understand that I must undergo an in-home evaluation by a member of Hearts of Gold staff. If I am outside of a 50-mile radius from Morgantown, WV, I may be asked to complete this evaluation remotely. |

## Section 5b: Signatures

Everyone listed in this application, including the Applicant, who is over the age of 18 must sign and date this application to acknowledge that they are aware of the application and agree to the potential placement of a dog with the applicant.

|  |  |  |
| --- | --- | --- |
| Signature: | Printed Name: | Date: |
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Section 5C: Required Documentation:

Below is a checklist of the documentation that must be completed and submitted to Hearts of Gold before the application is reviewed.

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| --- | --- |
| Please initial each section to acknowledge and ensure that the required documentation is included: | |
|  | This completed application form |
|  | Copy of DD 214, if applicable |
|  | Letter from healthcare provider documenting need of an ESA to mitigate your disability |

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| --- |
| Continuation Sheet |
|  |