TAKING THE 'dis' OUT OF disABILITY

4 PAWS FOR VETERANS

APPLICATION

Name: ______________________ Date: ______________________

Address: ____

____

Phone: Hm ____________ Work ____________ Cell ____________

Email: ______________________

Birth Date ______________________

Are you a veteran? ________ Yes ________ No

If yes, are you on active duty? ________ Yes ________ No

Emergency Contact: ______________________ Phone: ______________________

Alternate Contact: ______________________ Phone: ______________________

Primary Physician: ______________________ Phone: ______________________

Physical Therapist: ______________________ Phone: ______________________

Ocupational Therapist: ______________________ Phone: ______________________

Case Manager: ______________________ Phone: ______________________

May we contact them? ________ Yes ________ No

Primary Diagnosis: ____

Secondary Diagnosis or other issues: ______________________________

____

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____

How do you disabilities affect your ability to function? ______________________

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____

____

Do you have restrictions or precautions as a result of your diagnosis? ____________

____

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____

____

What type of medical treatment are you now receiving? ______________________

What medicationa are you taking and why?

Name: ____________ Purpose: ____________
Name: ____________ Purpose: ____________
Name: ____________ Purpose: ____________
Name: ____________ Purpose: ____________
Name: ____________ Purpose: ____________

What types of Adaptive equipment do you use? ______________________

If you are no longer in the military are you employed?

____ Yes ____ No

Employer: ____________
Address: ____________
Phone: ____________

Are you working with the Bureau of Rehabilitation or another rehabilitation service?

____ Yes ____ No

Name of service: ____________
Address: ____________
Contact name: ____________
Phone: ____________ Email: ____________

Any other services? ______________________

Who lives in your home?

Name: ____________ Age: ______ Relationship: ____________
Name: ____________ Age: ______ Relationship: ____________
Name: ____________ Age: ______ Relationship: ____________
Name: ____________ Age: ______ Relationship: ____________
Name: ____________ Age: ______ Relationship: ____________

Pets in the home? ______ Yes ______ No

Type (dog, cat) ____________ Sex: ______ Spayed/neutered? ______

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Do your pets live in the house? If not, where do they live? ____________

What do you think a service dog will do for you? ____________

Can you handle the dog without help? If not what help would you need?

Can you physically care for the dog? ______ Yes ______ No

Can you afford Grooming if needed? ______ Yes ______ No

Can you afford to feed the dog? ______ Yes ______ No

If there is anything else you would like us to know please include a letter with the application.

References: You must have two people not related to you, complete and mail the enclosed reference letters to our office

Signature of applicant: ____________________

Date: ____________