



TAKING THE 'dis' OUT OF disABILITY

SERVICE DOG APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____
Age / DOB: _____ Social Security # : _____

Emergency Contact: Name: _____ Phone: _____
Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y / N
Address: _____ Phone: _____
City: _____ State: _____ Zip: _____

Insurance: _____
If you have Medicaid, what is your Medicaid number: _____

If Applicable:

Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____
Case Manager: _____ Phone: _____

Diagnosis

What is your primary diagnosis? _____
What other medical problems do you have? _____

How does this affect your daily living skills? What are your limitations?

Use a separate sheet of paper if more space is needed for any question.

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

What type of medical treatment are you currently receiving?

What medications are you taking and what are they for?

What types of adaptive equipment do you use (ie. Wheelchair, crutches, hearing aid)?

Employment

Are you employed? Y / N

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ May we contact? Y / N

Basic job duties: _____

Do you have a case with The Bureau of Vocational Rehabilitation? Y / N

If so: Counselor name: _____ Phone: _____

BVR Address: _____

Do you have a Job Coach? Y/N

If so: Name: _____ Phone: _____

Agency Name: _____

Address: _____

Do you receive any other social services? Y/N

Agency: _____ Contact: _____

Address: _____

_____ Phone: _____

Agency: _____ Contact: _____

Address: _____

_____ Phone: _____

Household Information

Type of home: apartment Y / N house: Y / N do you own / rent
Do you have fenced yard? Y / N If not, do you plan to fence the Yard? Y/N

Who lives in the home?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>

Are there pets in the home?

Species (cat, dog, other)and name _____ Age _____ M / F _____
 Spayed? _____

Do they live inside? Y / N If not: Where do the pets that live outside reside?

Service Dog Information

What type of service dog are you seeking? (see enclosed brochure or visit our website at www.4pawsforability.org to identify the right type of service dog you need).

Are you physically able to handle the dog? Y/N If not: Who will handle the dog for you?
Explain: _____

Can you feed the dog? Y/N Can you groom the dog? Y/N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y/N

If you answered no to either of the above questions, who will assist you in the daily care of the dog? Please explain: _____

What tasks do you think a service dog could do to make you more independent?

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Why do you want a service dog?

Is there anything else you want us to know?

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

APPLICATION MUST BE ACCOMPANIED BY A \$20.00 NON-REFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO 4 PAWS FOR ABILITY,INC.

Signature of Applicant: _____

Date: _____

4 Paws reserves the right to deny services to any applicant which doesn't meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the agency.

4 Paws For Ability, Inc. a non-profit agency taking the 'dis' out of disABILITY!
253 Dayton Ave. Xenia, Ohio 45385 or karen4paws@aol.com



TAKING THE 'dis' OUT OF disABILITY

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM

Applicant: _____

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility impairment, hearing impairment, seizure disorders, Autism, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y / N which of the types of dogs listed above would best assist this applicant? _____

If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

Does this applicant's physical disability affect their mental or cognitive condition? For example: memory, retention, concentration, or understanding. If so, please explain in as much detail as possible.

Does this person have a stress related or mental health disability? Y / N If so, please list the diagnosis and explain how it affects the applicant.

If this person has a stress or mental health related disability,

1. Do you feel they would be able to handle a dog in places of accommodation where they might be confronted and asked why they are bringing a dog into a place that does not allow pets? Y / N
2. Does this person have periods of time where their condition escalates to a level where they might not be able to properly care for the dog? Y / N
3. Has this applicant been hospitalized in the past 2 years? Y / N If so, how many times and for how long _____

If this person has a progressive disease,

1. How quickly does this progression usually occur? _____
2. Will the progression lead to a point where the applicant could no longer physically care for the dog? Y / N If so, how quickly might this progression occur?

3. May we contact you in the future if we have a concern about the degree of progression? Y / N

If the applicant is taking medication that might impair their judgment in handling the dog in public or in caring for the dog, what are they and how might they do this?

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____

Medical facility: _____ Phone: _____

Address: _____

Physician signature: _____ Date: _____

PLEASE ATTACH A PRESCRIPTION

4 Paws For Ability, Inc. a non-profit agency taking the 'dis' out of disABILITY!
253 Dayton Ave. Xenia, Ohio 45385 or karen4paws@aol.com



4 PAWS FOR ABILITY, INC.
253 Dayton Ave. Xenia, Ohio 45385

RELEASE OF INFORMATION

I, _____ do consent and request you to supply 4 Paws For Ability, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by 4 Paws For Ability, Inc.

It will enable 4 Paws For Ability, Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child:

Parent or Legal Guardian Signature: _____

Date: _____

Name: _____

Address: _____

A non-profit organization dedicated to taking the “dis” out of disABILITY.



TAKING THE ‘dis’ OUT OF disABILITY

LETTER OF REFERENCE

_____, is applying for a _____ service dog through our agency. Please take a moment to fill out this form and return to 4 Paws For Ability, Inc. at 253 Dayton Avenue, Xenia, Ohio 45385. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day/Night
Address: _____

Relationship to the Applicant: _____
How long have you known the applicant? _____

How does the applicant’s disability affect their functional abilities?

Tell us about the applicant? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? Caring for a dog is a lot of work. Do you feel the applicant has the ability to care for the dog? If not, do they have a support system in place that would be available on a daily-weekly basis to assist in the care of the dog?

If the applicant has pets or if you have observed the applicant with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog!

- Yes, Please add my name to your mailing list
- Yes, Please send me information on Service Dogs Volunteer Opportunities

4 Paws For Ability, Inc. a non-profit agency taking the 'dis' out of disABILITY!
253 Dayton Ave Xenia, Ohio 45385 (937)374-0385 or karen4paws@aol.com



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