



TAKING THE 'dis' OUT OF disABILITY

4 PAWS FOR VETERANS

APPLICATION

Name: _____ Date: _____

Address: _____

Phone: Hm: _____ Work: _____ Cell: _____

Email: _____

Birthdate: _____

Are you a Veteran? _____ War or Operation: _____

Are you Active Duty? _____

Is your disability combat related? _____

If Yes, explain: _____

Emergency contact name and number: _____

Alternate contact name and number: _____

Primary Physician: _____ Phone: _____

Therapist: _____ Phone: _____

Therapist: _____ Phone: _____

Other: _____ Phone: _____

May we contact them? _____

Primary diagnosis: _____

Other diagnosis or issues: _____

How do your disabilities affect your ability to function? _____

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

What type of medical treatment are you receiving? _____

Medications: What are you taking and why? _____

What types of adaptive equipment do you use? _____

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

Employer: _____ Phone: _____

Contact: _____ Email: _____

What do you do?: _____

Who lives in your home? Name, age, and relationship

Pets in the home? Type, breed, age, sex, spayed/neutered or intact

Where do the pets live? _____

Veterinarian: _____ Phone: _____
Are the pets up to date with all required veterinary care? Yes No
If not, why? _____

Do you have a fenced yard? Yes No

What do you want the service dog to do for you? _____

Can you handle the dog without help? Yes No

What help would you need? _____

Can you physically care for the dog? (feeding, potty breaks, etc.) Yes No

Can you afford grooming or do it yourself? Yes No

Will you need help with dog food? Yes No

Will you need help with Veterinary Care? Yes No

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

References: You must have at least two people who are not related to you, complete and mail the enclosed reference letters to our office. Therapists are a good source for references.

In signing I understand I will have to provide proof of veterinary care annually and failure to provide veterinary care will result in the dog returning to 4 Paws For Ability.

Signature: _____ Date: _____