



4 Paws for Ability  
207 Dayton Ave  
Xenia, OH 45385

**APPLICATION FOR SERVICE DOG**

**CHILD (Under 18 years of age, or adult who is not their own legal guardian)**

**PLEASE PRINT CLEARLY**

**PARENT INFORMATION - MOTHER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARENT INFORMATION - FATHER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**CHILD'S INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Age / DOB: \_\_\_\_\_

**PLEASE LIST CONTACTS OTHER THAN PARENT'S**

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Alternate Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ May we contact? Y N  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If Applicable:**

Physical Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

**If Pets in Home:**

Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

**Diagnosis**

What is the primary diagnosis? \_\_\_\_\_

What other medical problems do they have?

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

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

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

**Employment (For children ages 16 – 21 and adult applicants)**

Are they employed or engage in volunteer activities? Y      N

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we contact? Y      N

Basic job duties:

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

If so: Counselor name: \_\_\_\_\_ Phone: \_\_\_\_\_

BVR Address: \_\_\_\_\_

Do they have a Job Coach? Y      N

If so: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have any other social services contacts for your child? Y      N

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.)**

Type of home: apartment    house    other: \_\_\_\_\_

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? Y      N

| <u>Species ( cat, dog, other )</u> | <u>Name</u> | <u>Age</u> | <u>M / F</u> | <u>Spayed?</u> |
|------------------------------------|-------------|------------|--------------|----------------|
|------------------------------------|-------------|------------|--------------|----------------|

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](http://www.4pawsforability.org) to identify the right type of service dog you need).

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Is the child physically able to handle the dog? Y      N

If not: Who will handle the dog for them?

Explain: \_\_\_\_\_

Can you feed the dog (\$25 - \$50 a month)? Y        N

Can you bathe and groom the dog? Y        N

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

Can the child feed the dog? Y        N        Can they participate in grooming the dog? Y        N

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

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

Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.

Do you want this dog to go to school with the child? Y        N

If so, Have discussed with teachers or school administrators? Y        N

What was their response?

How will the dog be of benefit to you as a parent? Are there other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

Is there anything else that you want us to know?

If the child is old enough to share their own idea, express their feelings about a service dog please ask them to tell you anything else they want us to know. If the child is old enough, able to write to us, about their desire to have a service dog, please attach their letter to this application. Younger children can be encouraged to send a picture showing their new dog and how it will help them.

**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 \$50.00 NON-REFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO 4 PAWS FOR ABILITY, INC.**

Parent's signature: \_\_\_\_\_

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.**

Please return by mail, email or fax:

Mail - 207 Dayton Ave. Xenia, Ohio 45385

Email - [karen@4pawsforability.org](mailto:karen@4pawsforability.org)

Fax - (937) 276-2720

Contact info: [karen@4pawsforability.org](mailto:karen@4pawsforability.org), (937)374-0385, or [www.4pawsforability.org](http://www.4pawsforability.org)

**4 Paws for Ability, Inc. a nonprofit agency  
TAKING THE 'dis' OUT OF disABILITY**



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### 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: \_\_\_\_\_

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**CONFIRMATION OF DISABILITY AND  
APPLICANT HEALTH FORM - CHILD**

**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, vision impairment, and developmental disabilities.

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.

Does the child have a disability in which they loose control and might injure a dog or  
provoke the dog into defending itself? Y      N  
In your professional opinion is it safe to place a dog with this child? Y      N  
Please take into account the safety of the child and the dog. Please explain in further  
detail if you have concerns about the placement of a dog with this child.

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: \_\_\_\_\_

**Thank you for your time in filling out this report. Please mail it as quickly as possible to the address below. We cannot process the application and provide services without this information.**

PLEASE ATTACH RX

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**LETTER OF REFERENCE**

\_\_\_\_\_, is applying for a \_\_\_\_\_ service dog for their child, \_\_\_\_\_, through our agency. Please take a moment to fill out this form and return to 4 Paws For Ability, Inc. at 253 Dayton Ave, 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 long have you known the child? \_\_\_\_\_

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have 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 child/family have pets or if you have observed the child 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 - I support this family receiving a service dog.

NO - I have concerns that need to be addressed.

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