



4 Paws for Ability
207 Dayton Ave
Xenia, OH 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: _____

Contact info: karen@4pawsforability.org, (937)374-0385, or www.4pawsforability.org



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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, visual 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

Please return by mail, email or fax:
Mail - 207 Dayton Ave. Xenia, Ohio 45385
Email - karen@4pawsforability.org
Fax - (937) 276-2720

Contact info: karen@4pawsforability.org, (937)374-0385, or www.4pawsforability.org