



4 Paws for Ability  
207 Dayton Ave  
Xenia, OH 45385

**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 addressed

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)