



**4 Paws for Ability  
253 Dayton Avenue  
Xenia, OH 45385  
937-374-0385**

### **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, 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.

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

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 karen@4pawsforability.org  
[www.4pawsforability.org](http://www.4pawsforability.org)

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TAKING THE 'dis' OUT OF disABILITY**