



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

4 PAWS FOR VETERANS - APPLICATION

Name: _____ Date: _____

Address: _____

Phone: Hm: _____ Work: _____ Cell: _____

Email: _____

Birthdate: _____

Are you a Veteran? Y N War or Operation: _____

Are you Active Duty? Y N

Is your disability combat related? Y N

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? Y N

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? Y N

Employer: _____ Phone: _____
Contact: _____ Email: _____

What do you do?

Who lives in your home?		
Name	Age	Relationship

Pets in the home?

Species (cat, dog, other) Name Age M / F Spayed?

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 must be from people who are not related to you. 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: _____



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4 PAWS FOR VETERANS - MEDICAL FORM

Applicants name: _____

What are the applicants disabilities and how do they affect him/her?

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.

TAKING THE 'dis' OUT OF disABILITY

Does the applicant have a mental health disability/diagnosis?

Yes No

If yes, what are they?

Is the applicant taking medication that might affect their judgement?

Yes No

If yes, please list and explain how they would affect their judgement.

Do you feel the applicant can handle the dog in places of public accommodation where they might be confronted on their use of the dog? Yes No

Does the applicant have a disability which might have periods of escalation during which time they may not be able to handle or care for the dog? Yes No

Is the applicants condition progressive? Yes No
If so, how quickly?

Will the progression lead to a time the applicant may no longer be able to care for and/or handle the dog? Yes No

May we contact you if we have questions? Yes No

Further Comments:

Physician name: _____ Date: _____

Medical Facility: _____

Address: _____

Phone: _____

Please return to the address below and include a prescription that reads "Service Dog"

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4 PAWS FOR VETERANS - REFERENCE

Name: _____ Date: _____

Address: _____

Phone: Hm _____ Work _____ Cell _____

Email: _____

Relationship to applicant: _____

How long have you known the applicant? _____

How does the applicant's disability affect their functional abilities?

Tell us about the applicant? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? Caring for a dog is a lot of work. Do you feel the applicant has the ability to care for the dog? If not, do they have a support system in place that would be available on a daily basis to assist in the care of the dog?

If the applicant has pets or if you have observed the applicant 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! Please return this reference letter to the address below:

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