



4 Paws for Ability
207 Dayton Ave
Xenia, OH 45385

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 4 Paws and include a prescription that reads "Service Dog"

Please return by mail, email or fax:

Mail - 207 Dayton Ave. Xenia, Ohio 45385

Email - karen@4pawsforability.org

Fax - (937) 376-2720

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

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