



4 Paws for Ability
207 Dayton Ave
Xenia, OH 45385

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: _____

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