



4 PAWS FOR VETERANS - APPLICATION

4 Paws for Ability is a service dog agency that breeds, raises and trains high quality service dogs. Our agency focus is primarily children with special needs, however we are honored to place a handful of veterans assistance dogs each year. The application process is used to determine the veterans circumstance and needs. Each application is carefully considered by the 4 Paws team to make sure that 4 Paws is the best fit for the individual. The skills the service dogs are trained to assist with must be primarily service connected and the veteran must be prepared for the responsibility to handle and care for the service dog.

Once a complete application is received with all the following components, we will contact you to set up a time to do a phone interview. After the phone interview, the 4 Paws team will meet to discuss the interested applicants to the program and who we are best able to assist.

- Veteran Application
- Health Form Completed by VA Doctor
- Prescription that says "Service Dog" from Doctor
- Letter of Reference Completed by VA support person (therapist, counselor, etc)
- Letter of Reference from non family member (friend, neighbor, etc)
- Veteran Support System Form
- Copy of DD-214

Veteran Name: _____ Date: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Email: _____

Birthdate: _____

Are you a Veteran? Yes No

War or Operation: _____

Are you Active Duty? Yes No

Please describe your time and role in the military:

Is your disability combat related? Yes No
If Yes, Explain:

Is your disability service connected? Yes No
What is your disability rating: _____%

It is important that all individuals receiving a service dog have a solid support system. A support system may be close friends and/or family of the veteran. The support person will be responsible for verifying the service dog is being properly taken care of and up to date on the annual service dog certification. 4 Paws must receive the signed Support System Form by the veteran's support person to be able to move forward in the process to receive a service dog.

Support Person Name: _____ Phone: _____

How do you know this person?

Emergency Contact Name: _____ Phone: _____

Alternate contact Name: _____ Phone: _____

Primary Physician at the VA: _____ Phone: _____

Therapist: _____ Phone: _____

Therapist: _____ Phone: _____

Other: _____ Phone: _____

May we contact them? Yes No

Primary Diagnosis: _____

Other diagnoses or issues: _____

Do you have a psychiatric diagnosis? Yes No

Describe: _____
Are you on medication to assist with your psychiatric diagnosis? Yes No

Please describe in detail what you want the service dog to do for you:

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? Yes No
Employer: _____ Phone: _____
What do you do? _____

Who lives in your home?

Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____
Name _____	Age _____	Relationship _____

Please be aware that 4 Paws requires that current and past dogs have received the same level of care as would be expected of a service dog in the home. All past and current dogs must have/had been up to date on veterinary care (Rabies, Distemper combination vaccine, Bordetella, Heartworm Testing and received monthly preventative heartworm medication), friendly towards other dogs, spayed/neutered, and live inside the home with the family.

What pets do you currently have?

Dog's Name				Cat's Name			
Age:		Sex: (M/F)		Age:		Sex: (M/F)	
Neutered/Spayed? (Y/N)				Neutered/Spayed? (Y/N)			

Dog's Name				Cat's Name			
Age:		Sex: (M/F)		Age:		Sex: (M/F)	
Neutered/Spayed? (Y/N)				Neutered/Spayed? (Y/N)			

Dog's Name				Cat's Name			
Age:		Sex: (M/F)		Age:		Sex: (M/F)	
Neutered/Spayed? (Y/N)				Neutered/Spayed? (Y/N)			

Where do your pets live? Where will your new service dog spend their time? (Be specific)

Daytime living arrangements:
Evening living arrangements:
When you are <u>not</u> home:

How many years do you think you would have to care for your dog?

Comments:

What other pets have you had, or do you still have (other than the dogs and cats listed previously)?

Comments:

Please list the pets you have had in the past ten (10) years other than those currently living in your home listed above.

Dog's Name				Cat's Name			
Age:		Sex: (M/F)		Age:		Sex: (M/F)	
Neutered/Spayed? (Y/N)				Neutered/Spayed? (Y/N)			
What happened to this dog?				What happened to this cat?			

Dog's Name				Cat's Name			
Age:		Sex: (M/F)		Age:		Sex: (M/F)	
Neutered/Spayed? (Y/N)				Neutered/Spayed? (Y/N)			
What happened to this dog?				What happened to this cat?			

Do you currently have a veterinarian or is there a veterinarian who you used in the past?

Yes	
How long have you used this veterinarian?	
No	

Practice Name:	
Doctor's Name:	
Phone Numbers:	
Mailing Address:	

If you currently own a dog, is your dog current on Heartworm medication?

Yes	
No	
If No, explain why.	

Are your pets current on all vaccinations?

Yes	
No	
If No, explain why.	

Do you have a fenced yard where you reside for exercising your service dog (the service dog must remain on least at all times when not in a safely confined area)?

Yes	
Describe your fence:	
No	

If you do not have a fenced yard, do you have access to a fenced area?

Yes	
No	

Explain how you will provide for the dog's exercise:

Comments:

At times it may be necessary to place a service dog on a three unit team (veteran, service dog and support person) if the veteran is experiencing cognitive issues which impact their ability to independently handle the service dog and make the correct choices for the team.

Can you handle the service 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

As a part of the service dog process and before placement of the service dog, you will be asked to sign a contract in which you agree to certain conditions; such as allowing an agency representative to visit your home if we feel it is necessary to facilitate the placement. The contract will also bind you to voluntary surrender of the dog back into the ownership of 4 Paws for Ability if you violate the conditions of the contract or can no longer care for the dog. You 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. Are you willing to sign, and be bound by, such a contract? Yes No

If there is anything else you would like us to know please include a letter with your application.

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:
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