



**4 PAWS FOR VETERANS - REFERENCE**

Veteran's Name: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

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

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?

\_\_\_\_ Yes, I support this veteran's application

\_\_\_\_ No, I have concerns about this veteran's application that need to be addressed

If No, please describe your concerns in detail and indicate if you would like to be anonymous.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return by mail, email or fax:  
Mail - 207 Dayton Ave. Xenia, Ohio 45385  
Email - [karen@4pawsforability.org](mailto:karen@4pawsforability.org)  
Fax - (937) 376-2720

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