



4 PAWS FOR VETERANS - MEDICAL FORM

Veteran's Name: _____

What is the veteran's disabilities?

What is the veteran's disability rating? _____%

How does the veteran's disability 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.

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:

VA Physician name: _____ Date: _____

Medical Facility: _____

Address: _____ Phone: _____

Please return to 4 Paws and include a prescription that reads "Service Dog" which shows your support of the veteran receiving a service dog to assist with their special needs.

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
www.4pawsforability.org