



*If applicant is a minor, please fill out the following information with parent's information.

Name(s): _____

Address: _____

City, State, Zip: _____

Social Security #: _____

Phone: _____

E-Mail: _____

Occupation(s): _____

Annual household income: _____

____ Married ____ Single ____ Divorced ____ Other: _____

Photo of the person: Please attach a photo of person receiving the dog

Statement of disability: Please attach a physician's statement of the disability explaining the disability and how the disability affects you (or your child).

Name of person receiving the service dog (if different from name above): _____

Age of person getting the Service dog: _____

What is the disability? _____

What is the prognosis? _____

How many family members in the home? _____

Please list family members living in the home:

Adults

_____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

Children

_____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

What medications is the applicant on? _____

How have they improved/not improved with treatment? _____

What mental level of the applicant? _____

Are they capable of caring for their own dog or is someone going to help them? (Family, Aid, Nurse, etc. for example) _____

Is everyone in the family aware that they must work with the dog and it must listen to them as well as the handicapped handler? _____

Does the applicant have any fear issues we need to know of? _____

Anxiety attacks? _____

Panic attacks? _____

What is the family lifestyle? (Hiking, hunters, fishing, 4-wheeling, couch potatoes, for example) _____

Does everyone in the family agree to and want a service dog? _____
If not, then explain why they are in disagreement: _____

How much time and energy does the family have to devote to training and supervising of a service dog? _____

I own / rent my home / apartment / trailer / townhouse / condo (Circle answers)

How long have you lived at your current address? _____

Do you plan to move within the next 12 months? _____

This dog is to be kept: Totally inside / Totally outside / Inside and outside (Circle answer)

Does anyone in the household have known allergies to Dogs? _____

Do you have a securely fenced yard? _____ If yes, what kind? _____

How tall is the fence? _____ feet

How many pets do you currently own? _____ Please list type (cat, dog, etc), age, sex (include if spayed/neutered) and any training they have received: _____

Are all pets in your household current on their vaccinations? _____

Are all pets altered (spayed/neutered)? _____ If not, why? _____

Name of Veterinarian: _____

Are any pets in your household diagnosed with infectious diseases or viruses? _____

How many dogs have you owned in the last 5 years? _____

Where are they now? _____

Have any of your dogs ever displayed “dominant, aggressive, or fearful” behaviors? _____

If yes, please list those behaviors for each dog and explain what happened and tell us where the dog is now:

Have you or are you willing to pay for and attend obedience classes for your dog? _____

Where will the dog sleep at night? _____

How many hours each day will your dog spend alone?
On weekdays? _____ On weekends? _____

Please list 3 non-family references, 1 of which should be your veterinarian:

1. Name, relationship, phone number:

2. Name, relationship, phone number:

3. Name, relationship, phone number:

I affirm that the above information is correct:

Signature

Date

Pawsibilities Unleashed reserves the right to refuse certification of any Service Dog if the dog does not meet their expectations and guidelines for a Service Dog.

Please print, fill out and mail to:

Pawsibilities Unleashed
P.O. Box 5316
Frankfort, KY 40602

*Make sure to include your \$75 application processing fee with your application.
Your application will not be processed without your processing fee.

F/1

FO: Original