



PTSD service dogs are taught behaviors that help people with PTSD to better cope with fear and anxiety. These dogs can provide a physical barrier between their partner and the public while providing a social bridge, provide stress reducing pressure on trained body points and provide behaviors to alleviate flight or fight responses. These dogs have full public access rights under the Americans with Disabilities Act (ADA).

This Application must be completed by the applicant. Medical Prescription for a Service Dog, & Copy of Military ID Card or DD Form MUST accompany application.

APPLICATION FOR SERVICE DOG

Personal Information

Date: _____

Full Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contact Name/Number: _____/_____

Email: _____

Height: _____ Weight: _____

What is the applicant's full diagnosis?

Date of Birth: _____ Male: Female: Marital Status: Single Married: Divorced:

Are there any other disabilities in your household?



Where are you employed/attend school? _____

City _____ State _____

Length of present employer/yrs. @ school: _____

School Completed: _____ If in school, do you

use a shadow or aide? Yes No

Are there any other animals in your classroom/office? _____

Are there any other animals in the building where you work/go to school(list)?

Have you discussed this application with your principal or superintendent or employer? If so, do you have his/her support? _____

Applicant History:

Describe the applicant's:

Activity Level Low Moderate High

Mobility: Does the applicant use a wheelchair? Yes No If so, electric or manual?

Is one side of the applicant's body stronger than the other?

Yes No Which: _____

With one or both hands? Is mobility limited?

How? _

Is the applicant restricted in the use of his/her hands or arms? Yes No

If yes, how so? _____

On a scale of 1 to 5 (1=poor, to 5=excellent) describe applicants:

Upper body strength 1 2 3 4 5

Range of motion 1 2 3 4 5

Grip strength 1 2 3 4 5



Living Arrangements

Do you live in the city, suburbs, or rural area? _____

Housing: Home w/ parents Apartment One level Multi-levels

Group Home

Name/Location: _____

Yard: With fence Without fence

Do you: Rent Own

If renting, have you discussed having a dog living on premises with your landlord? Yes No

Describe your neighborhood, i.e. Busy roads, neighbors close by, dogs/cats running free, etc. _____

How long does it take you to travel to work/school? _____

What types of transportation do you use? Car Bus Van Train Plane

List all people residing with you in your home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>

List three people who could care for your service dog if you were hospitalized:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Email</u>

Medical Information

Primary physician _____ Phone _____

Address _____

Have you discussed this application with your doctor? Yes No

Is she/he in favor of your getting a service dog? Yes No

Please list all medications you take:



Please list ALL physicians who currently treat you and list their field of specialization.

Your Training with the Dog

Are you able to take time off work/school to attend a one-week training session in at one of our training locations to learn how to work your PFLK9R dog? _____

Have you ever attended dog obedience class? _____

What level? _____

Do you smoke? Yes No

Are you willing to participate in an on-going training session once you get a service dog?

Yes No

Dog Information

A successful assistance dog applicant must be able to care for the daily need of his or her dog. Therefore, we ask you to consider and answer the following: (please indicate if you are unable to do a certain task.)

Where will your dog be taken for toilet requirements? _____

When do you get out of bed in the morning? _____

What time do you retire in the evening? _____

Will the dog be exercised and have playtime? Yes No

Have you ever had a pet dog before? Yes No

Do you or anyone in your household have a dog now?

If so, what is the age: _____ Sex: _____ neutered: Yes No

When traveling, would you take the dog with you on trips? Yes No

How many hours per day would the dog be left alone? _____



Is there a particular type/breed dog that you do not like? _____

The size of dog you'd prefer: Small Medium Large

Choose five of the following words that would best describe the dog you would like to have.

- Serious Slow Playful Calm
- Willing Attentive Energetic Sensible
- Responsible Smart Protective Dependable
- Stable Confident Happy Trusting
- Easy going Independent Assertive
- Excitable Communicative Sweet

Choose five of the following words that describe traits you would NOT like to have in a dog.

- Serious Indifferent Distracted Slow
- Calm Playful Manipulative Stubborn
- Protective Resistant Jealous Fearful
- Excitable Assertive Submissive
- Foolish Dependent No-nonsense

All dogs are taught basic dog obedience and socialized in public situations. Describe the ways you believe a service dog can assist the applicant in activities or daily living?

Location	Yes	No	Frequency
Indoor/Outdoor Malls			
Grocery Store/Dept. Store (Walmart)			
Restaurants			
Other Area Not Defined			
Offices/Hospitals/PT			
Employment/School			
Downtown/Urban Area			
Movies/Concerts			
Sporting Events			
Church			
Outdoor Fairs/Parades/Exhibits			
Airport			
Public Transportation			
Car			



Rural Area/Campgrounds			
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Describe your daily schedule:

Please list three references (non-family members):

Name	Address	Phone

May we contact these references? Yes No

Are you active duty or a veteran? _____

In which conflicts were you deployed?

In which branch of the military did you serve?

Please tell us a bit about what you were like before combat.

How do you think you have changed since deployment(s)?

What changes (emotional, social, behavioral) would you like to make in your life?

Were you physically injured in combat?



Do you have ongoing pain and/or limitations due to physical injuries?

Were you ever formally diagnosed with Traumatic Brain Injury, or did you ever receive a head injury?

Do you struggle with any of the following symptoms common after head injury:(circle one)?

- *Memory difficulty
- *headaches
- *poor attention/concentration
- *Difficulty with balance
- *Dizziness
- *Slowed thinking
- *Difficulty finding the words you need

Are you, or have you been, involved in any treatment to address?
TBI issues?

Have you been diagnosed with any psychiatric disorders, including PTSD, Depression, Anxiety, Panic Disorder, Psychosis, Obsessive-Compulsive Disorder, or other?

Please give details of what symptoms of the above disorder(s) you experience?

Do you have difficulty with anger management?

How many days per week do you drink alcohol, and how many drinks per day?

Do you think you may have a problem with alcohol, or other mood-altering substances?



Are you involved in therapy to address any of the above issues? If so, would you provide us with a release to talk to your therapist?

Do you take any medications to address the above issues? Do they seem to be helpful?

What do you like to do for fun?

When you are having a tough time, what things do you do to distract yourself, calm yourself down, or make yourself feel better?

What changes (emotional, social, behavioral) would you like to make in your life?

Do you have ongoing pain and/or limitations due to physical injuries?

Were you ever formally diagnosed with Traumatic Brain Injury (TBI), or did you ever receive a head injury, consciousness? _____

Are you involved in therapy to address any of the above issues? If so, would you provide us with a release to talk to your therapist?



Do you take any medications to address the above issues? Do they seem to be helpful?

Please tell us a bit about the people in your life upon whom you can lean on – friends, family, church members, neighbors. How often do you have contact with them?

Please list other service dog organizations to which you have applied and your status with them.

The reason I want a service dog is:

Tell us more about yourself--hobbies, activities, clubs, interests, etc.

What questions or concerns do you have that we may address?

Do you understand that if you are selected as a PFLK9R client a one-week training session in one of our training locations will be required? Yes No

By signing below, I certify that all the above information is correct, complete, and accurate to the best of my knowledge.

(Signature)

(Date)



PFLK9R Applicant Background Information Release Authorization

I, _____, hereby authorize Paws For Life K9 Rescue (PFLK9R) and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for application purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history, and/or general reputation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to PFLK9R or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release PFLK9R, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: _____
First Middle Last (Maiden)

Former Name(s) and Dates Used: _____

Current Address: _____ From: _____ To: _____
Street City State Zip

Previous Address: _____ From: _____ To: _____
Street City State Zip

Telephone Number: _____ Alt Number _____

Social Security Number: _____ Date of Birth: _____ Gender: Male / Female

Drivers' License Number/State: _____

Have you ever been charged with or convicted of a crime? q Yes q No

If yes, please explain: _____

By signing below, I acknowledge that I have read and understand the above and that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____