Application for Service Dog:

Instructions: Please print, fill out and mail with supporting required document to:

Pawsibilities Unleashed
358 Duckers Road #5
Midway, KY 40347

Or email to inquiry@pawsibilitiesunleashedky.org

Your application will not be processed without your documentation.

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

Program which you are applying for;

- ☐ Program 1 - Prison Inmate Service Dog Training Program5 (Dog stays at the prison for training)5 Our programs are run by volunteer professional service dog trainers and volunteer professional therapy dog trainers. The dog is free, the task training, obedience, self-control, manners, training is free (the inmate trainers are earning community service hours towards their parole by doing the training)5 Our mentor trainers that work with you when the dog comes home are also volunteers.

The donation for $ 5,500 which covers our operating cost, our vetting, our food

bills, toys, treats, medical care (monthly wormer, heartguard, flea/tick protection), office supplies, janitorial supplies, grooming supplies, phone bills, transportation of dog(s) from prison to vet and to training center, water, sewage, electrical bills, rental facility for training you when you come, workbooks, and all operating expenses so we can continue to offer this program to others.

We are insured through Liberty Mutual Insurance (documentation provided upon request).

Client Name(s):_____
Address:_____
City, State, Zip:_____
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** * Required

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

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?

_____

_____

Has your health care provider (Dr.,Therapist, Psychologist, Psychiatrist, etc.) recommended that a service dog would be helpful to mitigate your disabilities, and provide a letter attesting to this ?

( ) Yes ( )No

Has the person applying for this service dog applied for a service dog from any other organizations?

_____

If yes, please list organizations applied to:

_____

_____

_____

Has person applying for this service dog been turned down by another service dog organization? _____

If yes, please tell us why.

_____

_____

_____

Does the person getting the service dog smoke? ____Take illegal drugs? ___Drink alcohol? _____

How many family members are in the home? _____

Please list family members living in the home:

Adults

_____Age_____

_____Age_____

_____Age_____

_____Age_____

Children

_____Age_____

_____Age_____
_____Age_____
_____Age_____
_____Age_____

List any medications applicant is on:

_____
_____
_____
_____

How have they improved/not improved with treatment?

_____
_____
_____
_____

What is the 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 main handler?

_____

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

_____

Anxiety attacks? _____ Panic attacks? _____ Other:
_____

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?

_____
_____

What hobbies does the applicant have?

_____

_____

_____

Favorite places to go?

_____

Favorite clothing?_____

Favorite foods? _____

Favorite TV program? _____

Describe their personality (for example, quiet and sedate with wry sense of humor or outgoing, loud, very verbal, lots of animation in body language):

_____

_____

_____

_____

_____

_____

Describe the room they spend most time in and send a photo (can be their bedroom or favorite room of house):

_____

_____

_____

_____

Give me an example of a typical day in your home with this person: (Example: we get up at 7: 00 a. m. and bath then eat, brush teeth, go out for a walk/wheelchair spin around a few blocks then come home, nap time, lunch, medication, then we do physical therapy for an hour, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

What do you want the service animal to be able to do for you (what Service Dog tasks do you need the dog to perform)? Please list 3 tasks.

_____

_____

_____

_____

_____

Do you have large family gatherings, lots of people around, and what is the personality of the family unit? (Example: other kids in the family, hubby, wife, significant other, etc)

_____

_____

_____

_____

_____

Tell us your story:

_____

_____

_____

_____

_____

_____

_____

_____

What else would you like us to know?

_____

_____

_____

_____

_____

I own/rent my home / apartment / trailer / townhouse / condo / farm / other (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: (Circle answer) Totally inside / Totally outside / Inside and outside

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

Are you looking for a specific sized dog? _____

If yes, please explain: _____

_____

_____

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, breed, 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:

* If you do not currently have a veterinarian, please list a 3rd non-family reference.

1. Name, how do you know this person?, phone number:
   _____
   _____
   _____
2. Name, how do you know this person?, phone number:
   _____
   _____
   _____
3. Name, how do you know this person?, phone number:
   _____
   _____
   _____

I affirm that the above information is correct:

Signature: _____ Date: _____

Pawsibilities Unleashed reserves the right to refuse Certificate of Service Dog Course Completion if the dog does not meet Pawsibilities expectations and guidelines for a Service Dog.