



PAWS 4 INDEPENDENCE

15612 Prairie Ridge Road, Caledonia, MN 55921 (608) 797-2410
www.paws4independence.com

Paws 4 Independence is a non-profit organization that will assist you to train your dog to become a service dog. Service dogs are trained to provide alerts for seizures, diabetes, early dementia, post-traumatic stress disorder, traumatic brain injury, mild hearing loss, anxiety and depression. Our goal is to provide support to individuals in their everyday lives, as well as educate the public about service animals and their benefits.

If you don't own a dog, Paws 4 Independence will assist you in finding an appropriate dog. If you own a dog we will evaluate it for your needs.

Paws 4 Independence includes any staff such as Marcie Jenson, trainers, assistants, foster homes, board members, volunteers and any facilities where training is being conducted.

SERVICE DOG APPLICATION

All information on this application is voluntary, any information that we verify will be kept confidential and disseminated. All parties agree to keep the confidential information in strict confidence to include but not limited to; medical, financial and personal information.

APPLICANT INFORMATION

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____
DOB: _____

Are you a veteran? Y N What branch: _____

If applicant is a minor please fill in the following, if not continue to emergency contact

PARENT INFORMATION-MOTHER

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____

PARENT INFORMATION-FATHER

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____

CHILD'S INFORMATION

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____
Age/ DOB: _____ Social Security # _____

PLEASE LIST CONTACTS OTHER THAN PARENTS

Emergency Contact Name: _____ Phone: _____
Alternate Contact Name: _____ Phone: _____

Physician: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Diagnosis

What is the primary diagnosis? _____
What other medical issues do you have (applicant)? _____

How does this affect the applicants daily living skills? What are the limitations?

Are there restrictions or precautions as a result of the applicants diagnosis?

What type of medical treatment is the applicant currently receiving?

What types of adaptive equipment does the applicant use/need (ie. Wheelchair, hearing aid) ?

Are you employed? Y N

Disability or SSI Y N

Employment

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Basic job duties: _____

Hours worked: _____

Annual Income: _____ Disability: _____ SSI: _____

Household Information

Type of home: House / Apartment Do you own / rent

If a rental property, do you have the approval of the landlord? _____

Landlord name: _____ Phone: _____

Do you have a fenced yard? Y N

If you do not have a fenced yard, how will the dog exercise and eliminate waste, (a tie out cable, daily walk- minimum of 4 daily, etc.)_____

Who lives in the home?

Name

Age

Relationship

Have you owned any pets in the past?_____

Do you have any pets now? Dog, cat, spayed, neutered, male, female

Are your current pets up to date on all vaccinations? Y N

Veterinarian Information

Name:_____ Phone:_____

Address:_____

City:_____ State: _____ Zip:_____

Service Dog Information

If you have a dog that you would like evaluated (behavioral test), please fill out the following section as completely as possible.

Dog's Name:_____

Breed:_____ Size:_____

Additional Information:_____

Tattoo/Microchip/License #:_____

Date Nuetered/Spayed (**must have dog neutered or spayed within 2 months of entering our organization or by 8 months of age**), _____

Date of birth or age: _____ Sex: _____

Veterinarian name: _____

Address: _____

City: _____ State/zip _____ Phone _____

You do not need to own a dog to qualify for our organization

If you don't have a dog, Paws 4 Independence will assist you with finding an appropriate dog.

What type of service dog are you looking for? Puppy or adult

If for a child, is the child physically able to handle the dog? Y N If not who will handle the dog for the child? _____

Is the child able to feed the dog? Y N

Is the child able to groom the dog? Y N, Who will assist the child if necessary? _____

What tasks do you think a service dog could do to make your life (or your child's life) more independent? _____

Is there anything else that you would us to know? _____

Can you afford to feed the dog, (\$30 to \$50 monthly)? Y N
Can you afford the grooming and bathing, (\$25 to \$75)? Y N
Can you afford the annual required vet care, (\$50 to \$500 yearly, approx.)? Y N

References

List 3 references below, 2 of the references can not be related to you. Please have your references write a letter on your behalf and mail it to our organization at: Paws 4 Independence, 15612 Prairie Ridge Road, Caledonia, MN 55921 **Attn: Marcie Jenson**

Name: _____ Date: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____

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How did you hear about us? _____

PLEASE ENCLOSE A NON-REFUNDABLE PROCESSING FEE OF \$35.00 WITH THIS COMPLETED APPLICATION. CHECKS CAN BE MADE OUT TO : PAWS 4 INDEPENDENCE.

I hereby swear and affirm that the above statements are true and accurate to the best of my knowledge.

Printed Name (Guardian or Power of Attorney if Applicable)

Signature Date

We, Paws 4 Independence reserve the right to deny services to any applicant not meeting the criteria necessary to have a service dog or who needs a service dog that we do not train within the guidelines of our organization.

Paws 4 Independence

We train service dogs to assist individuals with seizure disorders, diabetic issues for children and adults; psychiatric issues to include post traumatic stress disorder, traumatic brain injury and anxiety for adults and veterans.

Paws 4 Independence
15612 Prairie Ridge Road
Caledonia, MN 55921
(608) 797-2410

Email address: www.paws4independence@gmail.com

Website: www.paws4independence.com