

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____

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

Physician: _____ May we contact? Y N

Address: _____ Phone: _____ City: _____

_____ State: _____ Zip: _____

If Applicable: Physical Therapist: _____ Phone: _____

Occupational Therapist: _____ Phone: _____ Case Manager: _____

_____ Phone: _____

2

Diagnosis What is the primary diagnosis? _____ What

other medical problems do they have?

Use a separate sheet of paper if more space is needed for any question. How does this affect their daily living skills? What are their limitations?

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Employment (For children ages 16 – 21 and adult applicants) Are they employed or engage in volunteer activities? Y N Employer: _____

Address: _____ City: _____

_____ State: _____ Zip: _____ Phone: _____

_____ May we contact? Y N Basic job duties:

Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name:

_____ Phone: _____ BVR Address: _____

3

Do they have a Job Coach? Y N If so: Name: _____ Phone: _____

_____ Agency Name:

_____ Address:

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone: _____

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Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard? Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed? Do they live inside? Y N If not: Where do the pets that live outside reside? Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at www.SEIZUREDOG.CO to identify the right type of service dog you need).

_____ Is the child physically able to handle the dog? Y N If not: Who will handle the dog for them? Explain:

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Can you feed the dog (\$25 - \$50 a month)? Y N Can you bathe and groom the dog? Y N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y N Can the child feed the dog? Y N Can they participate in grooming the dog? Y N If you answered no to any of the above questions, who will assist them in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make your child more independent?

Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.

Do you want this dog to go to school with the child? Y N If so, Have discussed with teachers or school administrators? Y N What was their response?

How will the dog be of benefit to you as a parent? Are their other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

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References: You must have two people not related to you, complete and mail the enclosed reference letters to our office.

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO 4 PAWS FOR ABILITY, INC.

Parent's signature: _____ Date: _____

SEIZUREDOG.CO reserves the right to deny services to any applicant which doesn't meet the criteria

necessary for placement of a service dog or who requires services not trainable within the guidelines of the agency.

SEIZUREDOG.CO, Inc. a non-profit agency taking the 'dis' out of disABILITY! PO BOX 7 HARTLY DE 19953 (302)359-0482 or RC3EV@aol.com www.SEIZUREDOG.CO

Home environment question, continued from page 4

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RELEASE OF INFORMATION

I, _____ do consent and request you to supply 4 Paws For Ability, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child.

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It will enable 4 Paws For Ability, Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date: _____

_____ Name: _____

_____ Address: _____

_____ A non-profit organization dedicated to taking the "dis" out of disABILITY.

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CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM - CHILD Applicant:

_____ The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility impairment, hearing impairment, seizure disorders, Autism, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y N Which of the types of dogs listed above would best assist this applicant?

_____ If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

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.

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Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog

into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility: _____
Phone: _____ Address: _____

Physician signature: _____ Date: _____

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LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to SEIZUREDOG.CO PO BOX 7 HARTLY DE 19953 . Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address: _____

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

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If the child/family have pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

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Parent's signature: _____ Date: _____

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Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date:

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_____ Address:

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'dis' OUT OF disABILITY

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LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child,
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Paws For Ability, Inc. at 253 Dayton Ave, Xenia, Ohio 45385. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have
you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

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If the child/family have pets or if you have observed the child with other animals, how did they interact?
If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

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Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

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CHILD'S INFORMATION Name: _____ Date: _____
_____ Address: _____

Email: _____ City: _____ State: _____ Zip: _____
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Age / DOB: _____

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Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer
Opportunities

SEIZUREDOG.CO . a non-profit agency taking the 'dis' out of disABILITY! PO BOX BOX 7 HARTLY DE 19953
302-359-0482 or RC3EV@AOL.COM SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

11

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child,
_____, through our agency. Please take a moment to fill out this form and return to
SEIZUREDOG.CO, Inc. at C/O RICKY EVERETT PO BOX 7 HARTLY DE 19953. Thank-you for your timely
response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have
you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think
they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you
feel the child and/or parents have the ability to care for the dog? If not, do they have a support system
in place that would be available on a dailyweekly basis to assist in the care of the dog?

12

If the child/family have pets or if you have observed the child with other animals, how did they interact?
If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog!
Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____
Phone: _____ Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y N
Address: _____ Phone: _____ City: _____
State: _____ Zip: _____
If Applicable: Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____ Case Manager: _____
Phone: _____

2

Diagnosis What is the primary diagnosis? _____ What other medical problems do they have?

Use a separate sheet of paper if more space is needed for any question. How does this affect their daily living skills? What are their limitations?

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Employment (For children ages 16 – 21 and adult applicants) Are they employed or engage in volunteer activities? Y N Employer: _____

Address: _____ City: _____

_____ State: _____ Zip: _____ Phone:

_____ May we contact? Y N Basic job duties:

Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name:

_____ Phone: _____ BVR Address:

3

Do they have a Job Coach? Y N If so: Name: _____ Phone:

_____ Agency Name:

_____ Address:

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone:

Agency: _____ Contact: _____ Address: Phone:

Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard?

Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship

Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed?

Do they live inside? Y N If not: Where do the pets that live outside reside?

Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at SEIZUREDODG.CO to identify the right type of service dog you need).

_____ Is the child physically able to handle the dog? Y N If not: Who will handle the dog for them? Explain:

4

Can you feed the dog (\$25 - \$50 a month)? Y N Can you bathe and groom the dog? Y N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y N Can the child feed the dog? Y N Can they participate in grooming the dog? Y N If you answered no to any of the above questions, who will assist them in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make your child more independent?

Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.

Do you want this dog to go to school with the child? Y N If so, Have discussed with teachers or school administrators? Y N What was their response?

How will the dog be of benefit to you as a parent? Are there other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

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Is there anything else that you want us to know?

If the child is old enough to share their own idea, express their feelings about a service dog please ask them to tell you anything else they want us to know. If the child is old enough, able to write to us, about their desire to have a service dog, please attach their letter to this application. Younger children can be

encouraged to send a picture showing their new dog and how it will help them.

References: You must have two people not related to you, complete and mail the enclosed reference letters to our office.

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO 4 PAWS FOR ABILITY, INC.

Parent's signature: _____ Date: _____

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5 SEIZUREDOG.CO

Home environment question, continued from page 4

6

RELEASE OF INFORMATION

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This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by 4 Paws For Ability, Inc.

It will enable SEIZUREDOG.CO For Ability, Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date:

_____ Name:

_____ Address:

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CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM - CHILD Applicant:

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Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y N Which of the types of dogs listed above would best assist this applicant?

If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

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.

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Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility:
_____ Phone: _____ Address:

Physician signature: _____ Date: _____

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SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

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SEIZDOG.CO POBOX 7 HARTLY DE 19953 3023590482. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have
you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a dailyweekly basis to assist in the care of the dog?

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If the child/family have pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

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Phone: _____ Work: _____ Cell: _____

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

CHILD'S INFORMATION Name: _____ Date: _____
Address: _____
Email: _____ City: _____ State: _____ Zip: _____
Phone: _____ Work: _____ Cell: _____

Age / DOB: _____

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

Physician: _____ May we contact? Y N
Address: _____ Phone: _____ City: _____
State: _____ Zip: _____

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Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name:

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_____ Agency Name:

_____ Address:

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone:

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Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard? Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship

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Parent's signature: _____ Date: _____

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4 SEIZUREDOG.CO PO BOX 7 HARTLY DE 19953 302-359-0482

Home environment question, continued from page 4

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It will enable SEIZUREDOG.CO , Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date:

_____ Name:

_____ Address:

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Physician completing form (please print clearly): _____ Medical facility:
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LETTER OF REFERENCE

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Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

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If the child/family have pets or if you have observed the child with other animals, how did they interact?

If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

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Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

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PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____

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Do they have a Job Coach? Y N If so: Name: _____ Phone: _____

Agency Name: _____

Address: _____

Do you have any other social services contacts for your child? Y N

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Parent's signature: _____ Date: _____

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Signature: _____

Date: _____

Name: _____

Address _____

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_____ Name: _____

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Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

10

If the child/family have pets or if you have observed the child with other animals, how did they interact?

If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

SEIZUREDOG.CO, Inc. a non-profit agency taking the 'dis' out of disABILITY! PO BOX 7 HARTLY DE 19953 (302)359-0482 or RC3EV@aol.com www.SEIZUREDOG.COM TAKING THE 'dis' OUT OF disABILITY

11

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to 4 Paws For Ability, Inc. at PO BOX 7 HARTLY DE 19953. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

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If the child/family have pets or if you have observed the child with other animals, how did they interact?

If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer

Opportunities

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____
Phone: _____ Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y N
Address: _____ Phone: _____ City: _____
State: _____ Zip: _____

If Applicable: Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____ Case Manager: _____
Phone: _____

2

Diagnosis What is the primary diagnosis? _____ What other medical problems do they have?

Use a separate sheet of paper if more space is needed for any question. How does this affect their daily living skills? What are their limitations?

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Employment (For children ages 16 – 21 and adult applicants) Are they employed or engage in volunteer activities? Y N Employer: _____

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

May we contact? Y N Basic job duties: _____

Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name: _____
Phone: _____ BVR Address: _____

3

Do they have a Job Coach? Y N If so: Name: _____ Phone: _____
Agency Name: _____

Address: _____

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone: _____

Agency: _____ Contact: _____ Address: Phone: _____

Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard? Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship
Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed?
Do they live inside? Y N If not: Where do the pets that live outside reside?
Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at WWW.SEIZUREDODG.CO to identify the right type of service dog you need).

_____ Is the child physically able to handle the dog? Y N If not: Who will handle the dog for them? Explain:

4

Can you feed the dog (\$25 - \$50 a month)? Y N Can you bathe and groom the dog? Y N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y N Can the child feed the dog? Y N Can they participate in grooming the dog? Y N If you answered no to any of the above questions, who will assist them in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make your child more independent?

Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.

Do you want this dog to go to school with the child? Y N If so, Have discussed with teachers or school administrators? Y N What was their response?

How will the dog be of benefit to you as a parent? Are there other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

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Is there anything else that you want us to know?

If the child is old enough to share their own idea, express their feelings about a service dog please ask them to tell you anything else they want us to know. If the child is old enough, able to write to us, about their desire to have a service dog, please attach their letter to this application. Younger children can be encouraged to send a picture showing their new dog and how it will help them.

References: You must have two people not related to you, complete and mail the enclosed reference

letters to our office.

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO 4 PAWS FOR ABILITY, INC.

Parent's signature: _____ Date: _____

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SEIZUREDOG.CO , Inc. a non-profit agency taking the 'dis' out of disABILITY! PO BOX 7 HARTLY DE 19953 (302-359-0482 or RC3EV@aol.com www.SEIZUREDOG.CO

Home environment question, continued from page 4

6

RELEASE OF INFORMATION

I, _____ do consent and request you to supply 4 Paws For Ability, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by 4 Paws For Ability, Inc.

It will enable 4 Paws For Ability, Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date: _____

_____ Name:

_____ Address:

A non-profit organization dedicated to taking the "dis" out of disABILITY.

7

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM - CHILD Applicant:

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility impairment, hearing impairment, seizure disorders, Autism, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y N Which of the types of dogs listed above would best assist this applicant?

_____ If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

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.

8

Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility: _____
Phone: _____ Address: _____

Physician signature: _____ Date: _____

Thank you for your time in filling out this report. Please mail it as quickly as possible to the address below. We cannot process the application and provide services without this information.

PLEASE ATTACH RX

SEIZUREDOG.CO, Inc. a non-profit agency taking the 'dis' out of disABILITY! PO BOX 7 HARTLY DE 19953
302-359-0482 or RC3EV@AOL.COM@aol.com WWW.SEIZUREDOG.CO 4 Paws for Ability TAKING THE
'dis' OUT OF disABILITY

9

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child,
_____, through our agency. Please take a moment to fill out this form and return to 4
Paws For Ability, Inc. at 253 Dayton Ave, Xenia, Ohio 45385. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address: _____

Relationship to the Applicant: _____ How long have
you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a dailyweekly basis to assist in the care of the dog?

10

If the child/family have pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

WWW.SEIZUREDOG.CO, Inc. a non-profit agency TALKING 302-359-0482 or RC3EV@AOL.CO
WWW.SEIZUREDOG.CO SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

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LETTER OF REFERENCE

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Name: _____ Phone Number: _____ Day Night Address: _____
Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?
Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

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Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog!
Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____
Phone: _____ Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y N
Address: _____ Phone: _____ City: _____
State: _____ Zip: _____

If Applicable: Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____ Case Manager:
_____ Phone: _____

2

Diagnosis What is the primary diagnosis? _____ What other medical problems do they have?

Use a separate sheet of paper if more space is needed for any question. How does this affect their daily living skills? What are their limitations?

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Employment (For children ages 16 – 21 and adult applicants) Are they employed or engage in volunteer activities? Y N Employer: _____

Address: _____ City: _____

_____ State: _____ Zip: _____ Phone: _____

_____ May we contact? Y N Basic job duties:

Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name:

_____ Phone: _____ BVR Address: _____

3

Do they have a Job Coach? Y N If so: Name: _____ Phone: _____

_____ Agency Name: _____

_____ Address: _____

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone: _____

Agency: _____ Contact: _____ Address: Phone: _____

Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard? Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship

Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed?

Do they live inside? Y N If not: Where do the pets that live outside reside?

Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at WWW.SEIZUREDOG.CO to identify the right type of service dog you need).

_____ Is the child physically able to handle the dog? Y N If not: Who will handle the dog for them? Explain:

4

Can you feed the dog (\$25 - \$50 a month)? Y N Can you bathe and groom the dog? Y N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y N Can the child feed the dog? Y N Can they participate in grooming the dog? Y N If you answered no to any of the above questions, who will assist them in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make your child more independent?
Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.
Do you want this dog to go to school with the child? Y N If so, Have discussed with teachers or school administrators? Y N What was their response?
How will the dog be of benefit to you as a parent? Are their other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

5

Is there anything else that you want us to know?
If the child is old enough to share their own idea, express their feelings about a service dog please ask them to tell you anything else they want us to know. If the child is old enough, able to write to us, about their desire to have a service dog, please attach their letter to this application. Younger children can be encouraged to send a picture showing their new dog and how it will help them.
References: You must have two people not related to you, complete and mail the enclosed reference letters to our office.

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO WWW.SEIZUREDOG.CO FOR ABILITY,INC.

Parent's signature: _____ Date: _____

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Home environment question, continued from page 4

6

RELEASE OF INFORMATION

I, _____ do consent and request you to supply SEIZUREDOG.CO For Ability, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by WWW.SEIZUREDOG.CO.

It will enable WWW.SEIZUREDOG.CO, Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date: _____

_____ Name:

_____ Address:

A non-profit organization dedicated to taking the "dis" out of disABILITY.

7

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM - CHILD Applicant:

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility impairment, hearing impairment, seizure disorders, Autism, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y N Which of the types of dogs listed above would best assist this applicant?

If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

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.

8

Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility:

_____ Phone: _____ Address:

Physician signature: _____ Date: _____

Thank you for your time in filling out this report. Please mail it as quickly as possible to the address below. We cannot process the application and provide services without this information.

PLEASE ATTACH RX

WWW.SEIZUREDOG.CO PO BOX 7 HARTLY DE 19953 302-359-0482 TAKING THE 'dis' OUT OF disABILITY

9

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to 4 Paws For Ability, Inc. at PO BOX 7 HARTLY DE 19953 302-359-0482 . Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you

feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a dailyweekly basis to assist in the care of the dog?

10

If the child/family have pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

SEIZUREDOG.CO . a non-profit agency taking the 'dis' out of disABILITY! PO BOX BOX 7 HARTLY DE 19953 302-359-0482 or RC3EV@AOL.COM SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

11

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to SEIZUREDOG.CO, Inc. at C/O RICKY EVERETT PO BOX 7 HARTLY DE 19953. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a dailyweekly basis to assist in the care of the dog?

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Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____
Phone: _____ Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y N

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

If Applicable: Physical Therapist: _____ Phone: _____

Occupational Therapist: _____ Phone: _____ Case Manager: _____
Phone: _____

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Diagnosis What is the primary diagnosis? _____ What other medical problems do they have?

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Do they have a Job Coach? Y N If so: Name: _____ Phone: _____
Agency Name: _____

_____ Address: _____

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone: _____

Agency: _____ Contact: _____ Address: Phone: _____

Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard? Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed? Do they live inside? Y N If not: Where do the pets that live outside reside? Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at SEIZUREDOG.CO to identify the right type of service dog you need).

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Parent's signature: _____ Date: _____

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5 SEIZUREDOG.CO

Home environment question, continued from page 4

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RELEASE OF INFORMATION

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any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by 4 Paws For Ability, Inc.

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Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date: _____

_____ Name: _____

_____ Address: _____

A non-profit organization dedicated to taking the "dis" out of disABILITY.

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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.

8

Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility: _____

_____ Phone: _____ Address: _____

Physician signature: _____ Date: _____

Thank you for your time in filling out this report. Please mail it as quickly as possible to the address below. We cannot process the application and provide services without this information.

PLEASE ATTACH RX

SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

9

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to SEIZUREDOG.CO POBOX 7 HARTLY DE 19953 3023590482. Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address: _____

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

Tell us about the child? Do you think they would benefit from the use of a service dog? Do you think they have the ability to handle the dog? If not, do the parents? Caring for a dog is a lot of work. Do you feel the child and/or parents have the ability to care for the dog? If not, do they have a support system in place that would be available on a daily/weekly basis to assist in the care of the dog?

10

If the child/family have pets or if you have observed the child with other animals, how did they interact?

If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments: _____

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

SEIZUREDOG.CO, Inc. a non-profit TAKING THE 'dis' OUT OF disABILITY

11

LETTER OF REFERENCE

_____, is applying for a _____ service dog for their child, _____, through our agency. Please take a moment to fill out this form and return to SEIZUREDOG.CO PO BOX 7 HARTLY DE 19953 Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address: _____

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

How does the disability affect the functional abilities of the child?

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If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments: _____

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog!
Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

CHILD (Under 18 years of age, or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY 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: _____

PLEASE LIST CONTACTS OTHER THAN PARENT'S Emergency Contact: Name: _____
Phone: _____ Alternate Contact: Name: _____ Phone: _____

Physician: _____ May we contact? Y N
Address: _____ Phone: _____ City: _____
State: _____ Zip: _____
If Applicable: Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____ Case Manager: _____
Phone: _____

2

Diagnosis What is the primary diagnosis? _____ What other medical problems do they have?

Use a separate sheet of paper if more space is needed for any question. How does this affect their daily living skills? What are their limitations?

Are there restrictions or precautions as a result of their diagnosis?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?

What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Employment (For children ages 16 – 21 and adult applicants) Are they employed or engage in volunteer activities? Y N Employer: _____

Address: _____ City: _____

_____ State: _____ Zip: _____ Phone:

_____ May we contact? Y N Basic job duties:

Do they have a case with The Bureau of Vocational Rehabilitation? Y N If so: Counselor name:

_____ Phone: _____ BVR Address:

3

Do they have a Job Coach? Y N If so: Name: _____ Phone:

_____ Agency Name:

_____ Address:

Do you have any other social services contacts for your child? Y N

Agency: _____ Contact: _____ Address: Phone:

Agency: _____ Contact: _____ Address: Phone:

Household Information (when families are split please list primary information below and attach a separate sheet of paper with the same information if the dog would be spending any time at the other parent's residence.) Type of home: apartment house other: Do you own rent Do you have fenced yard?

Y N If not, do you plan to fence the Yard? Y N Who lives in the home? Name Age Relationship

Are there pets in the home? Species (cat, dog, other) Name Age M / F Spayed?

Do they live inside? Y N If not: Where do the pets that live outside reside?

Service Dog Information What type of service dog are you seeking? (see enclosed brochure or visit our website at WWW.SEIZUREDODG.CO to identify the right type of service dog you need).

_____ Is the child physically able to handle the dog? Y N If not: Who will handle the dog for them? Explain:

4

Can you feed the dog (\$25 - \$50 a month)? Y N Can you bathe and groom the dog? Y N If not, can you afford to pay for dog grooming? (\$30 - \$70 3-4 times a year) Y N Can the child feed the dog? Y N Can they participate in grooming the dog? Y N If you answered no to any of the above questions, who will assist them in the daily care of the dog? Please explain:

What tasks do you think a service dog could do to make your child more independent?

Does the child want a service dog? Why do they say they want a service dog? If the child is old enough please record their answer to this question.

Do you want this dog to go to school with the child? Y N If so, Have discussed with teachers or school administrators? Y N What was their response?

How will the dog be of benefit to you as a parent? Are there other children in the home? If so, what do they think of this child having their own dog? In some cases such as Autism, it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

5

Is there anything else that you want us to know?

If the child is old enough to share their own idea, express their feelings about a service dog please ask them to tell you anything else they want us to know. If the child is old enough, able to write to us, about their desire to have a service dog, please attach their letter to this application. Younger children can be

encouraged to send a picture showing their new dog and how it will help them.

References: You must have two people not related to you, complete and mail the enclosed reference letters to our office.

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NONREFUNDABLE PROCESSING FEE. PLEASE MAKE CHECK PAYABLE TO SEIZUREDOG.CO ,INC.

Parent's signature: _____ Date: _____

4 Paws reserves the right to deny services to any applicant which doesn't meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the agency.

4 SEIZUREDOG.CO PO BOX 7 HARTLY DE 19953 302-359-0482

Home environment question, continued from page 4

6

RELEASE OF INFORMATION

I, _____ do consent and request you to supply SEIZUREDOG.CO, Inc. any medical and social information which you may have, that is based upon your knowledge of me or my child.

This information is part of the necessary data to complete my application for a Service animal, specifically a _____ and to have that animal trained and certified by 4 Paws For Ability, Inc.

It will enable SEIZUREDOG.CO , Inc. to understand my request for this animal and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child: Parent or Legal Guardian Signature: _____ Date:

_____ Name:

_____ Address:

A non-profit organization dedicated to taking the "dis" out of disABILITY.

7

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM - CHILD Applicant:

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility impairment, hearing impairment, seizure disorders, Autism, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

Given the list of services the dogs can perform do you think that a dog could be beneficial to the applicant? Y N Which of the types of dogs listed above would best assist this applicant?

If this applicant has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

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.

8

Does this person have a stress related or mental health disability? Y N If so, please list the diagnosis and explain how it affects the applicant.

Does the child have a disability in which they loose control and might injure a dog or provoke the dog into defending itself? Y N In your professional opinion is it safe to place a dog with this child? Y N Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Physician completing form (please print clearly): _____ Medical facility: _____
Phone: _____ Address: _____

Physician signature: _____ Date: _____

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SEIZUREDOG.CO , Inc. a non-profit agency taking the SEIZUREDOG.CO PO BOZ 7 HARTLY DE 19953 302-359-0482 TAKING THE 'dis' OUT OF disABILITY

9

LETTER OF REFERENCE

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Name: _____ Phone Number: _____ Day Night Address: _____

Relationship to the Applicant: _____ How long have you known the applicant? _____ How long have you known the child? _____

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10

If the child/family have pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and her Service Dog! Yes, Please add my name to your mailing list Yes, Please send me information on Service Dogs Volunteer Opportunities

4 Paws For Ability, Inc. a non-profit agency taking the 'dis' out of disABILITY! RICKY EVERETT PO BOX 7 HARTLY DE 19953 SEIZUREDOG.CO TAKING THE 'dis' OUT OF disABILITY

11

LETTER OF REFERENCE

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_____, through our agency. Please take a moment to fill out this form and return to
SEIZUREDOG.CO C/O RICKY EVERETT PO BOX 7 HARTLY DE 19953 Thank-you for your timely response.

Name: _____ Phone Number: _____ Day Night Address:

Relationship to the Applicant: _____ How long have
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Additional Comments:

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Opportunities