



Paws-Ability, Inc.
P.O. Box 7715
Louisville, KY 40257
(502) 410-9490

Application for Service Dog

To apply for a service dog from Paws-Ability, Inc. the following documents are required along with the application:

- 1) Personal Information and Medical History Form
- 2) Physician Statement of Disability
- 3) Code of Conduct
- 4) Release of Liability
- 5) Photo Release Form
- 6) Background Check Consent Form
- 7) Photo Identification Card
- 8) Proof of Income

Additional Information Requirements

- 1) Military Applicants: Copy of DD 214 (or DD 215 if applicable) with separation code and with SSN removed; active military personnel: An enlisted record brief with SSN removed
- 2) First Responders (law enforcement, fire fighters, EMS, correctional officers, 911 operators): a letter showing years of service on official letterhead from the respective agency



Please return completed application to:

**Paws-Ability, Inc.
P.O. Box 7715
Louisville, KY 40257**

Date of Application: ___/___/___

Print full name of applicant: _____

Male: _____ Female: _____ DOB: ___/___/___

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

1) Have you ever been convicted of a court martial or a crime? _____

If yes, what was the charge and disposition of the case? _____

2) Are there currently any court proceedings against you, if so, for what?

3) In what type of residence do you reside?

Private Home _____ Apartment _____ Condo _____

Mobile Home _____ Other _____



4) List names, ages, and relationships of all those whom reside with you.

5) Do you currently have any pets in your home? If yes, please describe the number, type, gender, breed (if known), and approximate age of all of the pets. _____

6) Is anyone in your home allergic to dogs? _____

7) List the business, address, and veterinarian's name you plan to use for your service dog. _____

8) What is your current employment status? _____

If employed, will your service dog be allowed to accompany you safely to work? _____. If not, list the name, address, and phone number of the person who will care for your service dog while you are at work.



9) Please explain how a service dog would help you with any mental health, psychological, or mobility issues. _____

10) Would you agree to work with a trainer and the dog on a schedule determined by yourself and the trainer for all required sessions? _____

Medical History Form

Be advised that Paws-Ability, Inc. does not require you to disclose your health diagnosis, however in order to understand your needs for a service dog, any information you wish to share would be quite helpful in the selection of the most qualified dog to meet your needs should you be gifted a service dog.

11) Please describe the nature of your primary disability. _____

12) Please list any secondary disabilities you may have where you would benefit from a service dog: _____



13) Do you currently use any of the following:

Manual Wheelchair _____ Power Wheelchair _____

Power 3-Wheel Cart _____ Cane/Crutches _____

Leg/Arm Brace _____ Prosthesis _____ Hearing Aids _____

If others, please specify _____

14) Please check which issues effect your daily routine:

Balance _____ Coordination _____ Memory Loss _____

Hearing _____ Speech _____ Physical Stamina _____

Uncomfortable in public places or in crowds _____

Unable to retrieve dropped items _____

Difficulty navigating steps and curbs _____

If other, please specify _____

Emergency Contact

Name _____

Phone Number _____

Email _____

Address _____

Relationship _____



Physician Statement of Disability

To be completed by applicant's treating physician, nurse practitioner, or psychiatrist

This is to certify that _____ is a patient under my care, and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act ("ADA") and therefore would be entitled to public access with a service dog.

American with Disabilities Act Definition of "Disability"

Section 902.1

(b) Statutory Definition -- With respect to an individual, the term "disability" means

- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

The first part of the definition covers persons who actually have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s)he has a substantially limiting impairment.

To fall under the first part of the definition, a person must establish three elements:

- (1) that (s)he has a physical or mental impairment
- (2) that substantially limits
- (3) one or more major life activities.

Section 902.2 Impairment

(A) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment, (s)he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.



A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s)he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

(1) [a]ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) [a]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

29 C.F.R. § 1630.2(h)

_____ I certify that the above, named patient meets the ADA criteria for disability under ADA Law.

Signature of Physician, Nurse Practitioner, or Psychiatrist

___/___/___

Date

Print name of Physician, Nurse Practitioner, or Psychiatrist

Office Address

Office Phone Number





Paws-Ability, Inc. Code of Conduct

The applicant agrees to abide by the following list of safety and conduct rules set forth by Paws-Ability, Inc. in regards to the wellness and health of the service dog.

- 1) All required vaccinations recommendations by a veterinarian
- 2) Monthly heartworm treatments
- 3) Monthly flea and tick treatments
- 4) High quality food at least two times daily
- 5) Clean, fresh water available at all times
- 6) A clean service vest in good repair
- 7) A current rabies tag attached to the service dog's collar

In addition, I agree to:

- 1) Allow Paws-Ability, Inc. staff members to perform unannounced home visits
- 2) Never allow another dog to wear my service dog's vest
- 3) Update the address of the microchip if I relocate
- 4) Never allow anyone to handle my service dog in public
- 5) Never allow my service dog to be left outside on a tie up, rope, chain, or any other restraints unattended
- 6) The only time my service dog will be allowed off leash while out of doors is with human supervision
- 7) Take my service dog to my veterinarian for an annual examination
- 8) Allow Paws-Ability, Inc. access to all veterinarian records on request



I acknowledge and agree to accept all responsibility and liability for myself and my service dog's actions. By signing below, I certify that I have read and agree to abide by the standards set by Paws-Ability, Inc. I understand and agree that if, at any time, I am found to be in violation of the Code of Conduct and Guidelines, I will be removed from the Paws-Ability, Inc. program and will surrender the service dog back to Paws-Ability, Inc. along with all equipment and supplies that may have been supplied to me by Paws-Ability, Inc. I hereby give Paws-Ability, Inc. the right to remove the service dog from my care in the case of mistreatment, abuse, unsanitary living conditions, or the failure to comply with the standards set forth by Paw-Ability, Inc.

Applicant's Signature

_____/_____/_____
Date

Printed Name



General Release of Liability

By signing below, I hereby release any liabilities or claims relating to injuries or death that may occur during any and all dog training, dog handling, classroom, instructions, events and all situations relating to participating in any activities or services sponsored by Paws-Ability, Inc. I acknowledge that I assume the risk and responsibilities in such participation and hold Paws-Ability, Inc. harmless for any injuries or liabilities incurred or sustained in my participation with Paws-Ability, Inc. I understand and agree that by signing this release, I irrevocably, unconditionally and completely release and forever discharge Paws-Ability, Inc. and all of its principals, officers, directors, and agents against any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgements, and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, could have been alleged, or could be alleged against any and all Paws-Ability, Inc. parties that may in the future develop from or be caused directly or indirectly from any action causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly. By signing below, I further agree to hold any and all Paws-Ability, Inc. entirely free from any and all liabilities, including but not limited to financial responsibility for injuries incurred or alleged to have been incurred regardless of whether injuries are caused by negligence. In addition, I forfeit any and all rights to bring a suit against any and all Paws-Ability, Inc. for any reason. I accept full and sole responsibility for myself, my family, my entire party and any and all action of my service dog.

Applicant's Signature

_____/_____/_____
Date

Printed Name



Photo Release

I understand and agree that Paws-Ability, Inc. will be photographing applicants and dogs during training and events for the purposes of providing community education and/or promoting the program, social networking, promotional material and other related purposes. This may include still photos and videos. I understand that there may be television, newspaper or other media outlets who may be present at classes and events to take footage and/or photos of applicants and dogs for training and/or publicity purposes. I hereby grant Paws-Ability, Inc. permission to use these photos or footage, and grant permission to these media outlets to use these photos or footage for training and/or publicity purposes. I understand and agree that all photos taken by Paws-Ability, Inc. are the exclusive property of Paws-Ability, Inc. and Paws-Ability, Inc. reserves the rights to all such photos or videos.

Applicant's Signature

____/____/____
Date

Printed Name



Paws-Ability, Inc.'s Background Check Consent Form

Thank you for your interest in applying, volunteering or fostering with Paws-Ability, Inc. Your signature on this document indicates that you have read and understand the conditions set forth by Paws-Ability, Inc.

I understand that Paws-Ability, Inc. will request a criminal background check to determine my suitability for this position; I hereby authorize Paws-Ability, Inc. to secure the information necessary to make such a decision.

By signing this document, I certify that the information provided in my application is accurate, and I understand that any information falsely provided will be sufficient grounds for the immediate termination of receiving a service dog (and/or returning the service dog to Paws-Ability, Inc. if applicable), volunteering or fostering with Paws-Ability, Inc.

Please note: You will not be considered if you do not provide the authorization for Paws-Ability, Inc. to conduct the background investigation identified above. Date of birth and Social Security number will be used only to complete the background check and will not become part of the selection process.

Full Legal Name (Print) _____

Maiden or Alias Name _____

Date of Birth _____

Place of Birth (City, State, Country) _____

Full Current Address _____

Phone Number _____

Social Security No. _____

I hereby authorize John Wells of Paws-Ability, Inc. to make an independent investigation of my background. I release Paws-Ability, Inc. from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above sources. The information contained on this form is correct to the best of my knowledge.

Signature _____

Date _____