



Paws-Ability, Inc.
P.O. Box 103
Charlestown, IN 47111
(502) 939-2810

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) Government-issued Photo Identification
- 8) Proof of Income

Additional Information Requirements

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



Return completed application to:

**Paws-Ability, Inc.
P.O. Box 103
Charlestown, IN 47111**

or

**Via email:
2pawsability@gmail.com**

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) Have you ever been denied a service dog through another organization? If so, provide details. _____

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



4) In what type of residence do you reside?

Private Home _____ Apartment _____ Condo _____

Mobile Home _____ Other _____

5) List names, ages, and relationships of all those who reside with you.

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

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

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

9) 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.



10) Explain how a service dog would help you with your disability and improve your daily quality of life: _____

11) 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 helpful in the selection of the most qualified dog to meet your needs should you be gifted a service dog.

12) Describe the nature of your primary disability: _____

13) List any secondary disabilities you may have where you may benefit from a service dog: _____



14) 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, specify _____

15) Check which issues effect your daily routine:

Balance _____ Coordination _____ Memory Loss _____ Vision _____

Hearing _____ Speech _____ Physical Stamina _____

Uncomfortable in public places or in crowds _____

Unable to retrieve dropped items _____

Difficulty navigating steps and curbs _____

If other, 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.

The Americans with Disabilities Act defines a person with a disability as someone who:

- Has a physical or mental impairment that substantially limits one or more major life activities,
- Has a history or record of such an impairment, or
- Is perceived by others as having such an impairment

_____ **I certify that the above named patient has a diagnosed disability, as defined by the ADA, and would benefit from an animal performing specific tasks.**

Signature of treating MD, NP, LCSW/CSW or Psychiatrist

____/____/____

Date

Print name of treating MD, NP, LCSW/CSW 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.

I agree to provide the service dog with:

- 1) All required vaccines as recommended by a veterinarian
- 2) Monthly flea, tick, and heartworm treatments
- 3) High quality food at least two times daily
- 4) Clean, fresh water available at all times
- 5) A clean service vest in good repair
- 6) A current rabies and contact 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 outdoors 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 my service dog's actions and myself. 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, as determined by Paws-Ability, Inc., or the failure to comply with the standards set forth by Paw-Ability, Inc.

I affirm that all of the information and documentation that I have provided to Paws-Ability, Inc. in connection with this application is true and accurate. I understand that any information found to be falsely provided will be sufficient grounds for immediate termination for consideration of a service dog, the immediate return of the service dogs to Paws-Ability, Inc., and the termination of any volunteer or foster roles with Paws-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, judgments, 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 that 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. is committed to promoting diversity, equality, and inclusion in its program services and considers all applications regardless of race, color, national origin, ancestry, gender, gender identity, gender expression, sexual orientation, results of genetic testing, marital status, religion, age, military service, or any other basis protected by applicable law.



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 history background check and use the information in making a decision regarding my application for a service dog, volunteering or fostering with Paws-Ability, Inc.; I hereby authorize Paws-Ability, Inc. to secure the information necessary to make such a decision.

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 the acting Paws-Ability, Inc. board of 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 _____