

## **Paws Giving Independence**

### **Service Dog Application for a Child (Under 18 years)**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Names : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

What type of dog do you want to apply for (circle)?    Service Dog   /   Companion Dog

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Medical Information**

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupational Therapist: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact?   Y / N

## Diagnosis of Medical Condition

What is your primary diagnosis? \_\_\_\_\_

Does the child have any other medical problems? (Please explain) \_\_\_\_\_

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Please describe any limitations the child experience in your everyday life: \_\_\_\_\_

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Does the child have any developmental delays or speech delays? \_\_\_\_\_

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What type of medical equipment does the child you use on a daily basis? (ex: wheel chair, crutches, braces, hearing aids, ect.): \_\_\_\_\_

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Does the child have any safety measures that must be kept in place as a result of your diagnosis? Please explain: \_\_\_\_\_

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## Information About Your Home

What type of home do you have (apartment, condo, house, ect.)? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Who else lives at your home?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have a fenced yard? Y / N

If No, where do you plan to exercise a dog? \_\_\_\_\_

\_\_\_\_\_

What other animals live in your home?

Type (dog, cat, other): \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/ Neutered? Y / N

Type (dog, cat, other): \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/ Neutered? Y / N

Type (dog, cat, other): \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/ Neutered? Y / N

Type (dog, cat, other): \_\_\_\_\_ Age: \_\_\_\_\_ Spayed/ Neutered? Y / N

Do you currently have a veterinarian you use? Y / N

If yes, what is the name of your vet? \_\_\_\_\_

Name of Clinic/ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

May we contact your vet? Y / N

## **Employment/ School**

Is the child (ages 16-18) employed? Y / N

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How many hours do you work a day/ week: \_\_\_\_\_

Describe your normal activities at work: \_\_\_\_\_

\_\_\_\_\_

May we contact your employer? Y / N

Does the child attend school? Y / N

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How many hours are you at school a day? \_\_\_\_\_

Describe your normal activities at school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like the dog to go to school with the child? Y / N

Have you contacted the school/ administration about the idea of a service dog? Y / N

If Yes, how did the school respond? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Service Dog Information**

Are you looking for a service dog or a companion dog? \_\_\_\_\_

Is the child able to handle a dog on your own? Y / N

Can the child feed a dog? Y / N

Can the child help walk a dog? Y / N

Can the child participate in grooming a dog? Y / N

Can the child verbally communicate with a dog? Y / N

Can the child give hand signals to a dog? Y / N

Who would primary help the child with a dog? \_\_\_\_\_ Relationship: \_\_\_\_\_

Where do you plan to house a dog (in your home, outside, garage)? \_\_\_\_\_

Can you afford to take the dog to a yearly vet visit (\$200)? Y / N

Can you afford to groom a dog twice a year (\$50)? Y / N

Does the child want a dog? Why does the child want a service dog/ companion dog? If possible please record their answer.

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What tasks would you like the dog to help you with/ make the child more independent?

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How does the family feel about this child having their own dog? How will the dog benefit you as a parent? \_\_\_\_\_

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Is there anything else you would like to add?

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Please allow the child to tell you anything else they would like us to know and if the child is able to write or draw a picture of why they would like a service dog you can include it with the application.

How did you hear about our organization?

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***By signing below I hereby acknowledge I have read the above terms and I understand that Paws Giving Independence reserves the right to deny service to an applicant for any reason including but not limited to failure to meet the established criteria for receiving a service dog or that require services that we are not able to train. PGI also reserves the right to remove a program service dog from a home at any time for mistreatment/ neglect or an inappropriate match.***

***I do hereby agree to hold free from any and all liability the Paws Giving Independence and its members and officers. I declare myself to be physically sound to participate with the PGI organization. My family, members of my household and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with PGI.***

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Please send completed applications to:  
Paws Giving Independence  
PO BOX 9572  
Peoria, IL  
61612-9572