

Operation Freedom Paws

777 First Street, PMB 515 Gilroy, California 95020

501(c)3 - EIN 45-2566382

www.operationfreedompaws.org



SERVICE DOG APPLICATION

GENERAL INFORMATION					
Date: _____					
Last Name		First Name		Middle Name	
Residence Address			City	State	Zip
Mailing or PO Box Address, if different			City	State	Zip
Home Phone #	Cell #	Msg #	E-Mail	Date of Birth:	
Are you a Veteran?		If you are a veteran:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Era: _____ Branch: _____ ETS: _____			
How did you hear about the Operation Freedom Paws Service Dog program?					
<input type="checkbox"/> Operation Freedom Paws Web Page <input type="checkbox"/> Referred by (name): _____					
<input type="checkbox"/> Veteran Affairs – List location: _____					
<input type="checkbox"/> Dream Power Horsemanship <input type="checkbox"/> Other _____					
Type of dog applying for:		<input type="checkbox"/> Mobility Assistance <input type="checkbox"/> PTS <input type="checkbox"/> TBI <input type="checkbox"/> Seizure <input type="checkbox"/> Hearing Assistance <input type="checkbox"/> Allergy Alert			
What is your disability?					
How long have you been disabled?					
How long have you been looking for a service dog?					
What tasks or skills would you like an assistance dog to do for you or the recipient?					
Please describe how your disability affects your life and your current level of independence:					
What is your ultimate goal (or your goal for the recipient) with a possible partnership with an assistance Dog.					
Do you have your own dog that you would like to train as a Service Dog?		<input type="checkbox"/> Yes If Yes, Age of Dog _____ <input type="checkbox"/> No			

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Types of Assistance Skills Desired:	<input type="checkbox"/> Pick up/Retrieve Items <input type="checkbox"/> Open/Close Cabinets <input type="checkbox"/> Safety <input type="checkbox"/> Provide Bracing to Stand, Walk, Sit, Balance <input type="checkbox"/> Open/Close Doors <input type="checkbox"/> Emotional Stability <input type="checkbox"/> Depression <input type="checkbox"/> Help in Emergencies
Home Environment:	<input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Shared Housing <input type="checkbox"/> Assisted Living
Fenced Yard:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Household Members:	<input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Children (Ages _____)
Are there other animals in the household:	<input type="checkbox"/> Yes (please list: _____) <input type="checkbox"/> No
Equipment in Use:	<input type="checkbox"/> Wheel Chair: <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Both <input type="checkbox"/> Electric Scooter <input type="checkbox"/> Braces: <input type="checkbox"/> Leg <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Prosthetics (Please List Type(s) _____) <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other (Please Describe): _____ _____
<p>You must have a medical letter or prescription signed by a Doctor stating you need/require a service animal before submitting your application. Any application submitted without this letter will not be reviewed until received.</p>	
Name of person completing this form:	_____

Date _____

Signature of Applicant _____

All applicants must become a client of Operation Freedom Paws to receive a "service dog". While we do our best to serve everyone in need, please note that not all applications will be accepted into our program.

Please send your application to Operation Freedom Paws 777 First Street, PMB 515, Gilroy, CA 95020 Phone: 408-683-9010