



Dear Applicant:

Thank you for your interest in applying for a facility dog, through Paws Giving Independence (PGI). The purpose of our organization is to train and provide high quality service dogs and facility dogs.

Please read the FAQ on our website **before** you apply with PGI.
http://www.givingindependence.org/Common_FAQs.html

Please understand that applications are evaluated in the order that they are received but PGI strives for the best possible matches between service dog and the client, placement schedules will vary. With this goal in mind we may not follow a strict first come-first serve policy.

Please note that to begin training you must be willing to travel to Peoria IL weekly.

We regret that we cannot certify your family pet to become a service dog. Those with disabilities are welcome to apply for one of our dogs in training.

Please send your completed application to:

Paws Giving Independence

PO Box 9572

Peoria IL 61612

*Only completed applications will be reviewed/ considered.

Please feel free to give us a call at 309-839-2754 or visit our website <http://givingindependence.org> if you have any additional questions or if there is any further assistance that we can provide.

Paws Giving Independence is run 100% by volunteers so please allow time for phone calls and email messages to be returned.

Sincerely,

Paws Giving Independence



**Paws Giving Independence
Facility Dog Application**

Name of Facility: _____ Date: _____

Facility Address: _____ City: _____ State: _____ Zip: _____

Name of Contact Person: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Facility Phone Number: _____

Personal Phone: _____

Emergency Contact: _____ Phone Number: _____

Information About The Facility/Staff

What type of facility (nursing home, rehab outpatient, hospital, ect.)? _____

Who will be responsible for exercising the dog 2 times a day for at least 20 minutes?

Where will the dog be taken out to potty and who is responsible for this?

Who is responsible for grooming the dog? _____

Who is responsible for feeding the dog? _____

Who is responsible for taking the dog to the vet? _____

Name of Clinic/ Address: _____

Phone number: _____

May we contact your vet? Y / N

Has the facility administration approved having a dog? Y / N

Do you plan to have the dog live at the facility full time or in the home of a staff member?

If the dog will live with a staff member:

Name of Staff: _____

Address of Staff: _____

Phone Number for Staff: _____

Do you have a fenced in area for a dog? 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

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Are all animals in home up to date on vaccinations: 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

Facility Dog Information

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 (\$300)? Y / N

Can you afford to groom a dog twice a year (\$80)? Y / N

Why do you want a facility dog?

What tasks would you like the dog to perform?

Is there anything else you would like to add?

How did you hear about our organization?

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 Applicant: _____ Date: _____

Please send completed applications to:

Paws Giving Independence
PO BOX 9572
Peoria, IL
61612-9572