

  
**Paws Giving Independence**  
*"saving a life to change a life"*

Dear Applicant:

Thank you for your interest in applying for a service dog through Paws Giving Independence (PGI). The purpose of our organization is to train and provide high quality service dogs to individuals with disabilities. There is no age limit on those that can apply, but recipients do need to have a documented disability. PGI trains full service dogs, facility dogs, and facilitator assisted companion dogs (FACD).

Please read the FAQ on our website **before** you apply with PGI.  
<http://givingindependence.org/faqs.htm>

Please understand that applications are evaluated in the order received, but PGI strives for the best possible matches between service dogs and recipients, so placement schedules will vary. With this goal, we may not follow a strict first-come, first-served 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 and considered.

Please feel free to call us at (309) 839-2754 or visit our website [givingindependence.org](http://givingindependence.org) if you have any additional questions or if there is any further assistance we can provide. Paws Giving Independence is run 100% by volunteers, so please allow time for phone calls and emails to be returned.

Sincerely,

Paws Giving Independence



## Service Dog and Companion Dog Application

Name of Applicant:

Date:

Name of Person Completing Application:

Relation to Applicant:

Address:

City:

State:

Zip:

Email Address:

Cell Phone Number:

Home Phone Number:

## Basic Information About the Application

Emergency Contact:

Phone Number:

Age:

Date of Birth:

Height:

Weight:

Do you smoke?

Does anyone in your household smoke?

Yes

Yes

No

No

What type of dog are you applying for?

Service Dog

Companion Dog

Is the applicant willing to travel to Peoria, IL for weekly service dog training?

Yes

No

Does the applicant have transportation to travel to Peoria, IL for weekly service dog training?

Yes

No

Please describe your lifestyle:

Homebound

Inactive

Active

Very Active

Do you spend a major part of your day in your bed?

Yes

No

## Medical Information of the Applicant

Physician:

Address:

Phone Number:

May we contact?

Yes

No

Physical Therapist:

Phone Number:

Occupational Therapist:

Phone Number:

May we contact?

Yes

No

## Diagnosis of Medical Condition

What is the applicant's primary diagnosis?

Does the applicant have any other medical problems? Please explain.

Please describe any limitations the applicant experiences in everyday life.

Does the applicant have any developmental or speech delays?

What types of medical equipment does the applicant use on a daily basis? Examples include wheelchairs, crutches, braces, hearing aids, etc.

Does the applicant have any safety measures that must be kept in place as a result of the diagnosis? Please explain.

Has the applicant ever shown aggression towards an animal?

Yes

No

If yes, please explain.

Please check all that apply. The applicant:

Walks at a community speed

Walks slowly

Walks unsteadily

Is non-ambulatory

Uses a cane

Uses a walker

Uses a manual wheelchair

Uses a power wheelchair

Uses crutches

Wears braces

## Information About the Applicant's Home

What type of home does the applicant have?

Does the applicant own or rent?

Apartment

Own

Condo

Rent

House

Other

Is anyone in the home allergic to dogs?

Yes

No

If yes, who and what types of dogs?

***Please include photos of the applicant's home and yard.***

Who else lives at the applicant's home?

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Name:

Age:

Relationship:

Other:

Does the applicant have a fenced yard?

Yes

No

If no, where does the applicant plan to exercise the dog?

Does anyone else in the family have a disability?

Yes

No

If yes, please explain.

What other animals live in the applicant's home?

Please list all animal's types (dog, cat, etc.), ages, and spay/neuter status.

Does the applicant have any animals that live outside the home/in the yard?

If yes, please list.

Have you ever given away a pet?

Yes

No

If yes, please explain.

Does the applicant currently have a veterinarian they use?

If yes, fill in the next four answers.

Yes

No

Name of Vet:

Name of Clinic:

Phone Number:

May we contact?

Yes

No

Has the applicant or anyone in the home been convicted of a felony?

Yes

No

If yes, please explain.

Has the applicant or anyone in the home been convicted of animal cruelty or neglect by a humane organization?

Yes

No

If yes, please explain.

Do you have any strong feelings about traits you like or dislike in a dog?

Yes

No

If yes, please explain.

# Employment/School

Is the applicant employed?

Yes

No

Name of Employer:

Address:

Phone Number:

How many hours does the applicant work per day/week?

Describe the applicant's normal activities at work.

Do you plan on having the dog attend work with the applicant?

Yes

No

May we contact the employer?

Yes

No

Does the applicant attend school?

Yes

No

Name of School:

Address of School:

Phone Number:

Number of hours at school per day:

Describe the applicant's normal activities at school.



Will the dog attend school with the applicant?

Yes

No

May we contact the school?

Yes

No

## Service Dog Information

Which type is the applicant seeking?

Service Dog

Companion Dog

Can the applicant handle a dog alone?

Yes

No

Can the applicant feed a dog alone?

Yes

No

Can the applicant walk a dog alone?

Yes

No

Can the applicant groom a dog?

Yes

No

Can the applicant verbally communicate with a dog?

Yes

No

Can the applicant give hand signals to a dog?

Yes

No

If no to any of the above, who would help the applicant with a dog?

Where does the applicant plan to house the dog (home, outside, garage, etc.)?

Can the applicant afford yearly vet care for a dog (\$700-1,000 per year)?

Yes

No

Can the applicant afford to groom a dog (\$300-500 per year)?

Yes

No

Please check the following that you can commit to providing.

- Veterinary care
- Heartworm medication
- Flea control
- High quality food
- Weekly grooming
- Weekly training
- Emergency care
- Treating the dog as a working dog, not just a pet

Have you ever received a service dog or applied for a dog from another organization?

- Yes
- No

Name of Organization:

Outcome of Application:

Why does the applicant want a service dog or companion dog?

What tasks would the applicant like the dog to help them with to make them more independent?

What areas does the applicant experience difficulty? Please check all that apply.

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| Picking up dropped items           | Carrying items                        |
| Turning lights on/off              | Retrieving the phone                  |
| Poor balance when walking          | Unable to see objects                 |
| Opening doors                      | Getting up from the floor             |
| Getting up from sitting on a chair | Moving a wheelchair up a ramp         |
| Difficulty with stairs             | Difficulty with transitions/locations |

If you selected "carrying items," please list items.

How does the family feel about the applicant having their own dog? How will the dog benefit the applicant's family?

Please describe the applicant's current support system. Who would care for the dog during an emergency if the applicant were to become unable to care for the dog due to an injury, hospital stay, etc.?

Is there anything else the applicant would like to add?

How did the applicant hear about our organization?

Please provide two non-family personal references.

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Please provide the following documentation with the application, if applicable:

1. **All applicants:** A letter from a medical professional stating that the applicant has a diagnosed medical condition that could benefit from being partnered with a service dog.
2. If the dog is for a **psychological condition**, please include a letter from a psychologist stating that you are receiving ongoing treatment for your condition and pose no threat to a service dog.
3. If the application is for a child, please allow the child to tell the applicant anything else they would like us to know. If the child is able to write or draw a picture of why they would like a service dog, the applicant can include it in the application.

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## Service Dog/Companion Dog Waiver

*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 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 waive the rights and claims for damages and injuries that may come from my connection and participation with PGI.*

Signature of Applicant:

Date:

Signature of Guardian (if under 18 years):

Date:

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