



Facility Dog Application

Facility Name: Click here to enter text.

Facility Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Name of contact person: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Email address: Click here to enter text.

Personal number: Click here to enter text.

Facility number: Click here to enter text.

Emergency contact: Click here to enter text.

Phone number: Click here to enter text.

Information About the Facility/Staff

Facility type (hospital, nursing home, etc.):

Click here to enter text.

Who will be responsible for exercising the dog twice a day for at least 20 min?

Click here to enter text.

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

Click here to enter text.

Who is responsible for grooming the dog?

Click here to enter text.

Who is responsible for feeding the dog?

Click here to enter text.

Who is responsible for taking the dog to the vet?

Click here to enter text.

Name of vet clinic: Click here to enter text.

Phone number: Click here to enter text.

Vet address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

May we contact?

Yes

No

Has administration approved having the dog?

Yes

No

If the dog will live with a staff member, please fill out the following information:

Staff member name: Click here to enter text.

Phone number: Click here to enter text.

Staff member address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

Do you have a fenced area for the dog?

Yes

No

If no, where will you exercise the dog?

Click here to enter text.

What other animals live in in your home? Please list the type (dog, cat, etc.), age, and spay/neuter status of all pets in your home:

Type: Click here to enter text.	Age: Click here to enter text.	Spay/neuter: Click here to enter text.
Type: Click here to enter text.	Age: Click here to enter text.	Spay/neuter: Click here to enter text.
Type: Click here to enter text.	Age: Click here to enter text.	Spay/neuter: Click here to enter text.
Type: Click here to enter text.	Age: Click here to enter text.	Spay/neuter: Click here to enter text.
Type: Click here to enter text.	Age: Click here to enter text.	Spay/neuter: Click here to enter text.

Are all animals in your home up-to-date on vaccinations?

Yes

No

Do you currently have a veterinarian that you use?

Yes

No

Name of vet clinic: Click here to enter text.

Phone number: Click here to enter text.

Vet address: Click here to enter text.

City: Click here to enter text.

State: Click here to enter text.

Zip: Click here to enter text.

May we contact your vet?

Yes

No

Facility Dog Information

Where do you plan to house a dog (home, outside, garage, etc.)?

Click here to enter text.

Can you afford to take the dog to a yearly vet visit (\$300)?

Yes

No

Can you afford to groom the dog twice a year (\$80)?

Yes

No

Why do you want a facility dog?

Click here to enter text.

What tasks would you like the dog to perform?

Click here to enter text.

Is there anything else you would like to add?

Click here to enter text.

How did you hear about our organization?

Click here to enter text.

Facility Dog Waiver

By signing below, I acknowledge that 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 from 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 result from my connection and participation with PGI.

Signature of Applicant:

Click here to enter text.

Date: Click here to enter a date.

Please mail or email completed applications to:

mkosner@givingindependence.org

OR

Paws Giving Independence

PO Box 9572

Peoria, IL 61612-9572