

==== 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 placements 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 dog-in-training.

Please mail or email your completed application to:

mkosner@givingindependence.org

OR

Paws Giving Independence

PO Box 9572

Peoria, IL 61612

*Only completed application will be reviewed and considered.

Please feel free to call us at (309) 839-2754 or visit our website 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: [Click here to enter text.](#)

Name of Person Completing Application: [Click here to enter text.](#)

Relation to Applicant: [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.](#)

Cell Phone Number: [Click here to enter text.](#)

Home Phone Number: [Click here to enter text.](#)

Basic Information About the Application

Emergency contact: [Click here to enter text.](#)

Phone number: [Click here to enter text.](#)

Age: [Click here to enter text.](#)

Date of Birth: [Click here to enter a date.](#)

Height: [Click here to enter text.](#)

Weight: [Click here to enter text.](#)

Do you smoke?

- Yes
- No

Does anyone in your household smoke?

- Yes
- 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 bed?

- Yes
- No

Medical Information of the Applicant

Physician: [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.](#)

Phone Number: [Click here to enter text.](#)

May we contact?

Yes

No

Physical Therapist: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Occupational Therapist: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

May we contact?

Yes

No

Medical Information of the Applicant

What is the applicant's primary diagnosis?

[Click here to enter text.](#)

Does the applicant have other medical problems? Please explain.

[Click here to enter text.](#)

Please describe any limitations the applicant experiences in everyday life.

[Click here to enter text.](#)

Does the applicant have any developmental or speech delays?

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

Has the applicant ever shown aggression towards an animal?

[Click here to enter text.](#)

If yes, please explain.

[Click here to enter text.](#)

Please check all that apply. The applicant:

Walks at a community speed

Is non-ambulatory

Walks slowly

Walks unsteadily

Uses a walker

Uses crutches

Uses a cane

Uses a power wheelchair

Uses a manual wheelchair

Wears braces

Information About the Applicant's Home

What type of home does the applicant have?

Apartment

Condo

House

Other: [Click here to enter text.](#)

Does the applicant own or rent?

Own

Rent

Is anyone in the home allergic to dogs?

Yes

No

If yes, who and what types of dogs?

[Click here to enter text.](#)

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

Who else lives in the applicant's home?

Name: [Click here to enter text.](#)

Age: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Age: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

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Age: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Age: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Other: [Click here to enter text.](#)

Does the applicant have a fenced yard?

Yes

No

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

[Click here to enter text.](#)

Does anyone else in the family have a disability?

Yes

No

If yes, please explain.

[Click here to enter text.](#)

What other animals live in the applicant's home?

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

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.](#)

Other: [Click here to enter text.](#)

Does the applicant have any other animals that live outside the home/in the yard? If yes, please list.

[Click here to enter text.](#)

Have you ever given away a pet?

Yes

No

If yes, please explain.

[Click here to enter text.](#)

Does the applicant currently have a veterinarian that they use? If yes, fill in the next four answers:

Yes

No

Name of Vet: [Click here to enter text.](#)

Name of Clinic: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

May we contact?

Yes

No

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

Yes

No

If yes, please explain.

[Click here to enter text.](#)

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.

[Click here to enter text.](#)

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

Yes

No

If yes, please explain.

[Click here to enter text.](#)

Employment/School

Is the applicant employed?

Yes

No

Name of Employer: Click here to enter text.

Phone Number: 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.

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

Click here to enter text.

Describe the applicant's normal activities at work.

Click here to enter text.

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: Click here to enter text.

Phone Number: 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.

Number of hours at school per day: Click here to enter text.

Describe the applicant's normal activities at school.

Click here to enter text.

Will the dog attend school with the applicant?

Yes

No

May we contact the school?

Yes

No

Service Dog Information

What type of dog 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?

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> Veterinary care | <input type="checkbox"/> High quality food | <input type="checkbox"/> Emergency care |
| <input type="checkbox"/> Heartworm medication | <input type="checkbox"/> Weekly grooming | <input type="checkbox"/> Treating the dog as a working dog, not just a pet |
| <input type="checkbox"/> Flea control | <input type="checkbox"/> Weekly training | |

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

- Yes
- No

Name of Organization:

[Click here to enter text.](#)

Outcome of Application:

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

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

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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.?

[Click here to enter text.](#)

Is there anything else the applicant would like to add?

[Click here to enter text.](#)

How did the applicant hear about our organization?

[Click here to enter text.](#)

Other Application Materials

Please provide two non-family personal references.

Reference One Name: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Reference Two Name: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

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.

Service Dog/Companion 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

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