

Four Paws and a Wake Up Inc.
Las Cruces, New Mexico
ajoseph@k94paws.org
575-524-4444



Dear Veteran,

Thank you for your interest in Four Paws and a Wake Up Inc.! Four Paws and a Wake Up provides Veterans with service-connected disabilities a quality trained service dogs for mobility impairment, traumatic brain injury, and those with a documented clinical diagnosis of post-traumatic stress disorder. ***Please read this information carefully. Compliance with the application process is essential.***

Four Paws and a Wake Up does not provide service dogs to individuals who are legally blind, experience total hearing loss or serve other psychiatric areas, such as bi-polar disorder, multiple personalities, or schizophrenia.

Before you apply, it is imperative that members of the household are accepting of a service dog being in the home. The spouse, significant other, partner and/or care giver must be supportive of the Veteran having a service dog. A service dog is an eight to ten, or more, year commitment. Please consider this obligation carefully when deciding to apply for a service dog

Four Paws and a Wake Up uses your application and video to determine your eligibility for a service dog from our organization, our ability to best serve you with a service dog, the appropriate service dog match for you and the skills the service dog will need to best serve you. ***Full disclosure is required for your application to be considered for review.***

Required Application Items

- **Completed Service Dog Application for Four Paws and a Wake Up.**
- A copy of the applicant's **DD214**.
- A copy of the applicant's **Veterans Administration Rating Decision Letter**. This form shows the percentage breakdown of each disability AND written explanation of why the percentage was assigned.
- **Completed Medical History Form** by each attending physician/mental health professional.
- **Veterinary Reference Form** if you currently have animals in the home.
- **Two personal references with full names, addresses and email.** These personal references ***should not*** be immediate family members or doctors/medical staff, but rather a friend, teacher, co-worker, etc. Reference forms will be sent from the organization to the personal reference directly.
- **Spouse/Significant Other/Partner Form**
- **Videos** of the applicant AND spouse/significant other/partner (see next page for instructions)

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Video Requirement

Along with the application items previously outlined, a video is required that includes audio of the applicant. We would like to see you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.).

For Mobility Issues:

The video must demonstrate your functional abilities, be no longer than 15 minutes, and include:

- Ambulation (with any adaptive equipment you use, i.e. canes, crutches, walker, wheelchair, etc).
- Transferring to/from bed, chair, wheelchair, etc.
- Sitting, standing, reclining
- Navigating doorways, ramps and stairs
- Getting in/out of a vehicle
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Demonstrate how you pick something up off the ground or floor (like a pencil or pen)
- Show any pets you may have and a brief tour of the inside of your home, your yard and the street you live on.
- Speaking – please tell us why you want/need a service dog, how you think a dog will assist you and your goals you would hope to achieve with a service dog. *It is very important for us to hear your speech; however, it is not necessary to speak throughout the entire video; 2-5 minutes of speech is adequate.*

For PTSD:

The video must tell us about the circumstances and situations that trigger your PTSD and be no longer than 15 minutes, and include:

- PTSD triggers – tell us the type of circumstances and situations that seem to trigger your PTSD
- If you experience balance issues due to TBI, we must see the items listed above for mobility even if TBI is a secondary diagnosis. You do not need to tell us the circumstances leading to the diagnosis; however, we do need to understand the triggers.
- Demonstrate how you pick something up off the ground or floor (like a pencil or pen)
- Show any pets you may have and a brief tour of the inside of your home, your yard and the street you live on.
- Speaking – please tell us why you want/need a service dog, how you think a dog will assist you and your goals you would hope to achieve with a service dog. *It is very*

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important for us to hear your speech; however, it is not necessary to speak throughout the entire video; 2-5 minutes of speech is adequate.

Submission Instructions

**Please email your application and supporting documents to ajoseph@k94paws.org
Please upload your videos We Transfer (<https://wetransfer.com/>).**

Share the video with us to the email address ajoseph@k94paws.org

Your application will be screened by our staff when the complete application and all required documents is received. Four Paws and a Wake Up reserves the right to request a video interview.

Four Paws and a Wake Up will notify you once a decision has been reached. This could take up to 8 weeks. If you meet our applicant requirements and are approved, you will be added to our waiting list. When a dog that matches your needs is nearing completion of training you will be contacted to arrange an individualized Team Training schedule in which you will learn how to handle and work with your service dog partner.

Team training is in Las Cruces, NM and takes a dedicated five (5) to eight (8) days. Four Paws and a Wake Up will make every effort to arrange for transportation working with partner organizations and to provide discounted hotel arrangements and assistance with meals.

Four Paws and a Wake Up does not charge a fee for the service dog however, we estimate a service dog will cost the recipient up to \$150 per month to maintain. Veterans may be eligible for benefits for their service dog through the Veterans Administration Prosthetics and Sensory Aid Division. Please check with your Veterans Administration case manager for additional information.

We look forward to receiving your application and thank you for your service.

Sincerely,

Four Paws and a Wake Up

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

Home Phone: _____ Cell Phone: _____

Email: _____ Best way for us to reach you:
 Home Phone Cell Phone Email

Current address: _____

City: _____ State: _____ ZIP Code: _____

MILITARY SERVICE: A COPY OF DD-214-MEMBER COPY IS REQUIRED.

Are you currently Active Duty Retired Medically Discharge Pending Discharge?

If pending discharge has a medical evaluation board determined, you are fit or unfit for duty?

FIT UNFIT NOT REVIEWED PENDING

Branch: _____ Rank: _____

Dates of Service: Start (MM/DD/YYYY): _____ End (MM/DD/YYYY): _____

SIGNIFICANT OTHER OR NEAREST RELATIVE

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Relationship: _____

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

APPLICANT SIGNATURE, BACKGROUND VERIFICATION AUTHORIZATION

Date of birth (MM/DD/YYYY): _____

SSN (REQUIRED): _____

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Four Paws and a Wake Up to obtain criminal background information.

Further, I authorize Four Paws and a Wake Up to discuss the status of my application with the 'Significant Other or Nearest Relative' I provided on page 1.

All information shall be used solely for the purpose of this transaction. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original. I understand that any information obtained by Four Paws and a Wake Up is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

Further I understand a video interview will be scheduled after the complete application packet has been received and initially review by Four Paws and a Wake Up.

SIGNATURES

Signature of Applicant: _____

Date: _____

Parent or Legal Guardian
(*only if applicant is under 18 yrs of age*): _____

Date: _____

[intentionally left blank]

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

MEDICAL INFORMATION - IF YOU ARE APPLYING FOR A PTSD SERVICE DOG AND HAVE PHYSICAL LIMITATIONS (BACK OR NECK ISSUES, WALKING, KNEE ISSUES, HIPS, ETC) WE MUST KNOW WHAT YOUR PHYSICAL NEEDS ARE AS WELL TO MATCH THE BEST POSSIBLE DECISION FOR YOUR NEEDS.

Primary Diagnosis:

Date of Onset or Diagnosis: _____

Secondary Diagnosis:

Date of Onset or Diagnosis: _____

Is the diagnosis determined to be service related? YES NO

Medications (**required**): Provide in a separate list if necessary.

Height: _____ Weight: _____

Are you Right or Left-Handed? RIGHT LEFT

Verbal Skills: On a scale of 1 (non-verbal) to 10 (fluent with clear enunciation) rate your quality of verbal communications: Non-verbal poor fair good very good excellent

Do you have difficulty getting in or out of bed? YES NO

If yes, what side of the bed do you sleep on? _____

How many hours of sleep do you get a night on average?

none <2 hours 2 – 4 hours 4 – 6 hours very good excellent

If you awake in the middle of the night, do you go back to sleep or not? _____

Do you have difficulty waking in the morning? YES NO

Do you have difficulty getting dressed or undressed? YES NO

If yes, what specifically (shirts, pants, shoes)? _____

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

ADAPTIVE EQUIPMENT USED

Complete this section if you use any adaptive equipment (check all that apply) and indicate which equipment is your primary.

- | | |
|--|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Power Wheelchair: Joy stick on <input type="checkbox"/> Right <input type="checkbox"/> Left | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Power 3-Wheel Cart (Scooter) | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Crutches: Specify Type: _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Braces: Specify Type: _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Prosthesis: Specify Type: _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Cane Specify: Type and height at hand rest _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Walker: Specify Type _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Other: Specify _____ | <input type="checkbox"/> Primary <input type="checkbox"/> Secondary |

If you use multiple forms of adaptive equipment which is your preference for the dog to work from? (cane-harness dog, wheelchair dog, or no adaptive equipment necessary)

SYMPTOMOLOGY EXPERIENCED – COMPLETE THIS SECTION FOR PSYCHIATRIC ISSUES (PTSD)

For each item on a scale of one (does not limit function) to 10 (fully limits daily function) answer each of the following:

	NA	1	2	3	4	5	6	7	8	9	10
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusive imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyper vigilance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Startle Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of being threatened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

PTSD TRIGGERS Describe your PTSD triggers:

SOCIAL AND ATHLETIC ACTIVITIES

HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – WHAT ARE YOUR FUNCTIONAL LIMITATIONS? (Describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, etc.)

How many hours a week do you spend outside the home doing some form of social activity?

Do you participate in athletic activities? Yes No

If so, what athletic activities are you involved in? _____

How many times a week and how long (number of hours) do you participate?

Would there be any issues with the service dog accompanying you? Yes No

VOCATIONAL / EDUCATION/ COMMUNITY ACCESS

Are you presently employed? Yes No

Full time or part time? Full time Part Time: Number of hours per week: _____

Employer Name and Address _____

Describe your work environment (large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc?) _____

If you are not employed, do you plan on becoming employed? Yes No

Do you receive support services such as Vocational Rehabilitation or Independent Living?
 Yes No

Do you presently receive an income because of your disability? Yes No

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

How will a service dog enable you to perform your job more efficiently?

Are you currently enrolled in school? Yes No If yes, what grade: _____

Name of School / College / University _____

Do you drive yourself? Yes No If no, who is your primary driver?

Do you have an adaptive vehicle? Yes No If so, explain (hand controls, lifts)

List any problems you have concerning transportation or community access:

HOUSEHOLD

How many people live in your household (related or not)? _____

Name	Age	Relationship to you

CHILDREN NOT LIVING WITH YOU

If you have children that do not live with you, please complete the information below:

Name	Age	Relationship to you	How often do the children visit or stay with you?

Is anyone in the household allergic to dogs? Yes No
If yes, explain: _____

How does your spouse/significant other or roommate feel about the idea of a service dog living in the home? _____

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

Are you and others aware the service dog may shed, is required to accompany you everywhere, may require additional grooming and may occasionally need to be picked up after, etc)?

If you as the recipient become ill or unable to perform such tasks **temporarily**, is your spouse, significant other, family member or caregiver willing to assist in the basic needs/care of the dog?

HOUSEHOLD PETS

Do you have any pets or do other household members have pets? Yes No
How many? _____

Do you have any free ranging poultry (chickens, ducks, geese, turkeys?) Yes No
How many? _____

Pets Name – List ALL Pets	Breed and size	Age

Does your dog(s) eliminate inside or outside of the house? If inside, explain.

Are your pets on heartworm and flea/tick preventative appropriate for the species and region of the country? Yes No If no, please explain: _____

What type of training has your dog(s) received?
 Agility Hunt Basic Obedience Rally Barn Hunt Schutzhund

Veterinarian Name: _____

Telephone: _____

Please submit the Veterinary Reference Form to your Veterinarian for completion. **If you do not currently have a veterinarian, please indicate "No Veterinarian at this time"**

PETS THAT VISIT

Please tell us about pets that may visit and stay at your home:

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

HOME

Do you own or rent your home? Own Rent

Due to the requirements for service dogs to perform some commands (such as opening and closing drawers) are you willing to make modifications (such as replacing cabinet knobs with pull ropes) to furniture and appliances? Yes No

If you rent your residence, will your landlord approve such modifications? Yes No

Describe your home and neighborhood (house, apartment, mobile home, size of yard, fenced or unfenced, city, suburb, country, etc.)

Type and height of fencing _____

Is your home accessible to you? Yes No Not Applicable

What type of washer and dryer is in your home? (top load or front load)

Washer: _____ Dryer: _____

What type of model refrigerator is in your home and what type of doors does it have?

Do you have traditional light switches in your home or dimmer switches? Traditional Dimmer

If traditional light switches are the switches single, double or triple panels?

Single Double Triple

Please describe modifications/adaptations presently available and note those needed but unavailable (wheelchair ramp, lifts, modified bathroom, raised counters, widened doorways, lowered light switches, alarms systems, etc.).

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

What type of support is available to assist you with care of your service dog (feeding, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks both at home and at work or school?

OTHER INFORMATION

In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary. **[ANSWER REQUIRED]**

In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary. **[ANSWER REQUIRED]**

Will you be physically able to attend Team Training at a designated location and spend up to 10 hours per day for up to 7 days to learn how to command a service dog to assist you?

Yes No If no, explain: _____

During Team Training you are required to participate in training classes, outings to restaurants, stores, and other public areas. Are you able to participate in these activities?

Yes No If no, explain: _____

**Service Dog Application-NM
Four Paws and a Wake Up**

Name (LAST, FIRST, MIDDLE Initial): _____

Please comment on any obstacles or issues to be addressed for you to attend Team Training:

Do you have any experience training Service dogs or Recreational (sporting) dogs (hunting, dock diving, etc.)? Yes No If yes, explain: _____

Have you ever applied for a service dog from another organization? Yes No
If yes, give name of the organization and date of application:

Have you ever been denied a service dog by an organization? Yes No
If yes, give name of the organization and date of application:

Have you ever had a service dog removed from your home? Yes No
If yes, explain:

Have you received services from organizations that provide service to wounded or injured Veterans?
 Yes No
If yes, explain:

ADDITIONAL COMMENTS

In your own words, please provide any additional information:
Attach an additional sheet if needed

**Service Dog Application-NM
Four Paws and a Wake Up**

SPOUSE, SIGNIFICANT OTHER, Or PARTNER

The following is required to be completed by the spouse, significant other, partner and/or caregiver. This is necessary to ensure all parties understand the commitment of the service dog for the Veteran and understand that the medical option of a service dog is desired by the Veteran. The information will assist our organization in assessing the suitability of the applicant's home for placement of a service dog. Thank you for your assistance in completing this form.

YOUR NAME: _____

Relationship to Applicant: Fiancé Parent Partner Sibling Significant Other Spouse

Contact Telephone Number: _____

Has the Veteran's desire to have a service dog been discussed with you by the Veteran applying?
 Yes No

Explain how you feel having a service dog will benefit the Veteran applying:

Describe how you think you will benefit from the Veteran having a service dog:

In the event the Veteran applying for the service dog cannot provide for his/her service dog (e.g. periods of hospitalization), are you able and willing to care for the service dog's needs? Explain:

The service dog will be with the Veteran 24 hours a day, 7 days a week and will accompany the Veteran wherever he/she goes. Please explain your support of the service dog and any concern you might have about a service dog being with you and the Veteran when in public:

**Service Dog Application-NM
Four Paws and a Wake Up**

**SPOUSE, SIGNIFICANT OTHER, Or PARTNER
(continued)**

The service dog is required to live in the house with the Veteran. What concerns, reservations or obstacles do you have about the service dog being in the home?

Four Paws and a Wake Up requires the spouse, significant other, partner and/or caregiver to attend the Team Training when the Veteran trains with and receives his/her service dog. What concerns, reservations or obstacles do you have about attending team training?

Name:

Date:

Signature:

A video of *you* speaking to our organization is required in addition to the above questions being answered. Please express to us in the video your overall support and concerns for your spouse, significant other or partner applying for and receiving a service dog. This video is required for the application to be complete.

**Service Dog Application-NM
Four Paws and a Wake Up**

CONSENT TO CONTACT

Name (LAST, FIRST, MIDDLE Initial): _____

I, _____, give consent for the personal contacts listed below
(Print full name)

to release to Four Paws and a Wake Up information relating to the length of time they have known me and information pertinent to applying for a service dog. I understand that the information requested is confidential, will not be released to any person or agency outside the organization, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Applicant Signature: _____ Date: _____

Personal Reference (NO FAMILY MEMBERS or MEDICAL PERSONAL; this includes spouse, domestic partners, in-laws, cousins, grandparents, uncles or aunts)

Name: _____ Relationship: _____

Address/City/State/Zip: _____

Telephone: _____

Email: _____

Name: _____ Relationship: _____

Address/City/State/Zip: _____

Telephone: _____

Email: _____

Medical History Form

Please share with us the names of the medical providers we should expect to receive the Service Dog Applicant Medical History Form from.

**Service Dog Application-NM
Four Paws and a Wake Up**

Service Dog Applicant Medical History Form

Instructions for Applicant

This form should be completed and signed by your physicians. **Please note, a medical history form needs to be completed by each of your current physicians and/or mental health providers (therapist, psychologist).** The completed forms should be mailed directly from the physicians to Four Paws and a Wake Up.

Information Release
(To be completed by the applicant)

Name (LAST, FIRST, MIDDLE Initial): _____

Date: _____

Dr. _____,

Please release the requested medical information in this form to Four Paws and a Wake Up. This information will help determine my abilities regarding the placement of a service dog.

Applicant's Name (please print): _____

Applicant's Signature: _____

Parent/Guardian Signature (if applicable): _____

Physician Information
(The remainder of the form to be completed by the physician)

*The completed medical history form should be mailed by the physician to the below address at your earliest convenience.
Four Paws and a Wake Up, 4280 Tarsus Drive, Las Cruces, NM 88005*

Physician Name: _____

Physician Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

**Service Dog Application-NM
Four Paws and a Wake Up**

Patient Information

What is the patient’s primary disability? _____

What is the prognosis of the disability? _____

Are there any secondary disabilities? Yes No

If yes, please describe: _____

Service Dog Applicant Medical History Form

Is the disability progressive? Yes No

How long has the applicant been in treatment with you? _____

When was the last time you saw the applicant? _____

What are the effects of this patient’s disability? (check all that apply)

Medical Issue	Check	Medical Issue	Check	Medical Issue	Check
Deafness		Speech Impairment		Reduced Stamina	
Hearing Loss		Coordination Problems		Limited Mobility	
Memory Loss		Spasticity		Delayed Development	
Vision Impairment		Muscular Weakness		Balance Issues	
Other:					

Does this patient use any of the following aids or assistive devices? (check all that apply)

Assistance Device	Check	Assistance Device	Check	Assistance Device	Check
Crutches		Wheelchair - Power		Wrist Brace	
Cane		Wheelchair-Manual		Leg Brace	
Walker		Scooter		Prosthesis	
Other:					

Does this patient have any of the following psychological conditions or disorders? (check all that apply)

Psychological Conditions	Check	Psychological Conditions	Check	Psychological Conditions	Check
Agoraphobia		Panic Disorder		Schizophrenia	
Depression		Bipolar		Social Phobia	
Anxiety		Obsessive Compulsive Disorder		Post Traumatic Stress Disorder	
Other:					

**Service Dog Application-NM
Four Paws and a Wake Up**

Does this patient have any of the following conditions? (check all that apply)

Conditions	Check	Conditions	Check	Conditions	Check
Anger		Sadness		Panic	
Disorientation		Apathy		Crying	
Moodiness		Fearfulness		Forgetfulness	
Nightmares		Insomnia/Difficulty Sleeping		Social Withdrawal	
Restlessness		Nervousness			
Other:					

Is this patient a Veteran? Yes No

If yes, is this patient’s disability service connected? Yes No

Has the patient expressed interest in a service dog to you? Yes No

Can you recommend this individual for a service dog? Yes No

Why do you feel the individual would or would not benefit from having a service dog?

**Service Dog Application-NM
Four Paws and a Wake Up**

VETERINARY REFERENCE FORM

This form is ONLY necessary if there are currently household pets.

The following individual is an applicant for a service dog trained by Four Paws and a Wake Up-NC a non-profit program dedicated to enhancing the lives of people with disabilities using specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. Thank you for your assistance in completing this form.

Please return the completed for to:

Four Paws and a Wake Up 4280 Tarsus Drive, Las Cruces, NM 88005

Applicant Name (LAST, FIRST, MIDDLE Initial): _____

Veterinarian's Name: _____ Telephone: _____

Veterinarian Practice or Clinic Name: _____

Address/City/State/Zip: _____

What species/breed and number of pets owned by this individual are **currently under** your care? Dogs _____ Cats _____
Birds _____ Other _____

How long have you been treating this individual's pets? _____

Is the pet/pets deceased? Yes No Explain: _____

Are this individual's pets' vaccination records current? Yes No

Do this individual's pets receive monthly heartworm preventative? Yes No Not purchased here

Do this individual's pets receive regular flea/tick protection? Yes No Not purchased here

Does this individual demonstrate evidence of responsible pet ownership? Yes No

To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal? Yes No

Do you recommend placement of a service dog in this individual's home? Yes No

Additional Comments:

SIGNATURE

Signature of Veterinarian: _____ Date: _____