***HEALING PAWS FOR HEROES***

***APPLICATION FOR SERVICE/ASSISTANCE DOG***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(E-Mail)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you active in the military, a veteran, or a dependent of an active member of the military or

veteran? If yes, please tell us which. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you male or female?

Name of Nearest

Relative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Housing: Home \_\_\_\_\_ Apartment \_\_\_\_\_ Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yard \_\_\_\_\_ With Fence \_\_\_\_\_ Without Fence \_\_\_\_\_

Living Arrangement (Please list all those living with you):

Name Relationship Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your home and any frequent visitors (ie. Children, other dogs,etc.)

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Have you ever had a dog? If you have had a dog where did the dog primarily stay (ie. Inside, Outside etc).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do other animals live with you or visit you frequently? If so, how many, age and sex and are they Up To Date on Vaccines and Spayed/Neutered? Please include your Veterinarian's name and Number. Who is responsible for the care of these animals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who will assist in the daily care and training of your dog, if appropriate? \_\_\_\_\_\_\_\_\_\_\_\_\_

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Does anyone in your household have concerns about having a dog in their

home ? (such as fleas, shedding, or having the dog in the house all the time) YES/NO

Are you (or anyone in your household) allergic to animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently employed?\_\_\_\_\_\_

Describe your means of transportation: Car City Bus Mass Transit Cab

Other: \_\_\_\_\_\_\_\_\_

Please tell us a little more about yourself—hobbies, activities, clubs, interests, etc.:

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What questions or concerns do you have that we may address?

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If you ever feel the need to re-home your Service Dog it is to return to Healing Paws For Heroes. Not be turned over to someone else. There is an application process for a reason.

Applicant's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return To: Healing Paws For Heroes

214 Ken St NW

Adairsville, Ga. 30103