



PO Box 25679
Columbia, SC 29224
803.788.7063
info@paals.org
www.paals.org

APPLICATION FOR A PAALS SERVICE DOG

Application Fee- \$30.00

A Service Dog is specially trained to help someone physically challenged. The dog can pick up dropped articles, retrieve items off counter tops, turn on and off light switches, carry things and pull a manual wheelchair up ramps and short distances. They can also learn behaviors that assist children with autism to better cope with public situations and their challenges.

Applying for a PAALS assistance dog is a multi-step process. The application must be completed and returned to PAALS along with our enclosed medical history form from your doctor. Upon receipt of these two forms, an interview will be scheduled. (Please note that an interview will not be scheduled if the medical history form from your doctor has not been received.) If you are not local to the Columbia, SC area then a separate home visit will be scheduled after you travel to Columbia for the interview.

Those who are eligible to receive a service Dog must spend two weeks with PAALS in Columbia, SC, learning how to work as a team with their new dog. This requires a stay at a local hotel for those who are not already in the Midlands area.

If the applicant is under thirteen years of age or cannot assume total responsibility for a Service Dog, a facilitator must accompany the applicant and become part of the Service Dog team. This is considered a skilled team service dog or facilitated service dog placement.

The cost associated with training you and your Assistance Dog should not prohibit you from applying for a service dog. PAALS does require a tuition fee for the two and a half week team training that is required before leaving with a life changing canines. This tuition of \$5,000 can be paid or fundraised. PAALS encourages everyone to participate in fundraising like they do in the Habitat for Humanity's program. In other words, you are helping to "build" a dog for someone else while we help "build" a dog for you. It costs PAALS between \$22,000.00 and \$29,000.00 and takes two years to train and place an assistance dog with someone in need. If you make an effort to cover your tuition and are not able to meet that goal PAALS does not turn you away.

We look forward to getting to know you and how an assistance dog may help you!

PAALS



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Client Application for a Service Dog

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone(s): Home: _____ Work: _____ Cell: _____

Emergency Contact Name/Number _____/ _____

Email: _____

Date of Birth: _____ Male: Female:

Marital Status: Single Married: Divorced:

What is your primary disability and is it progressive? _____

What caused your disability and at what age? _____

What is your approximate height and weight? H: _____ W: _____

What are the effects of your disability? Please check all that apply:

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Reduced Stamina | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Coordination Problems | <input type="checkbox"/> Limited Mobility | <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Slowed Development | <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Muscular Weakness | |

Other: _____

Do you have any problems with (check all that apply):

- | | | | |
|---|---|--|-------------------------------------|
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Hot/Cold Sensitivity | <input type="checkbox"/> Balance | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Skin sensitivity | <input type="checkbox"/> Brittle Bones | <input type="checkbox"/> Heightened Emotions | <input type="checkbox"/> Allergies |

Seizures – if yes, what type and how often? _____

What treatments or medications are you using or have you used to control your seizures?



Do you use any of the following aids or assisting devices? (Check all that apply)

- Electric Wheelchair Manual Wheelchair Prosthesis Leg Brace
- Wrist Brace Hearing Aid Crutch/Cane Walker

Other: _____

Primary Care Physician, PT, OT, and/or o their Health Professional important to your care:

_____	Phone: _____
_____	Phone: _____
_____	Phone: _____
_____	Phone: _____

Living Arrangements

Do you live in the City, Suburbs or Rural Area?

Housing: Home Apartment One level Multi levels

Yard: With fence without fence

Do you: Rent Own

If renting, have you discussed having a dog living on the premises with your landlord? Yes No

Describe your neighborhood, i.e. busy roads, neighbors close by, dogs/cats running free etc.

Do you have many visitors? Yes No

List all people residing with you in your home:

Name	Relationship	Age

Do you employ a personal care attendant? Yes No If yes, how many? ____

If so, what hours do they assist you? _____



What tasks do they do, or aide you with?

What types of transportation do you use? (Check all that apply)

- Car Bus Van Train Plane

If you use both a manual and power wheelchair, please explain the situation in which each is used.

Do you self transfer? Yes No N/A

Please list any other information that may be of help to us I selecting the proper dog for you:

Your training with the dog

Is fatigue a factor in your daily life? Yes No

Do you need to have rest periods during the day? Yes No

Do you smoke? Yes No

Dog Information:

A successful assistance dog applicant must be able to care for the daily need of his or her dog. Therefore we ask you to consider and answer the following: (please indicate if you are unable to do a certain task.)

Where will your dog be taken for toilet requirements? _____

When do you get out of bed in the morning? _____

What time do you retire for the evening? _____

Who will help with the dog's care if you are sick or cannot get outside?

Helper's Name: _____ Phone: _____

Will the dog be exercised and have playtime? Yes No

Have you ever had a Pet dog before? Yes No

Do you or anyone in your household have a dog now? Yes No

If so, what is the Age: _____ Sex: _____ Neutered: Yes No



List other pets: _____

When traveling, would you take the dog with you on trips? Yes No

How many hours per day would the dog be alone? _____

Is there a particular type/breed dog that you do not like? _____

The size of dog you'd prefer: Small medium large

Choose five of the following words that would best describe the dog you would like to have.

- | | | | |
|--|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> Slow | <input type="checkbox"/> Playful | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Willing | <input type="checkbox"/> Attentive | <input type="checkbox"/> Energetic | <input type="checkbox"/> Sensible |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Smart | <input type="checkbox"/> Protective | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Stable | <input type="checkbox"/> Confident | <input type="checkbox"/> Happy | <input type="checkbox"/> Trusting |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Independent | <input type="checkbox"/> Assertive | <input type="checkbox"/> Excitable |
| <input type="checkbox"/> Communicative | <input type="checkbox"/> Sweet | | |

Choose five of the following words that describe traits you would *NOT* like to have in a dog.

- | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Serious | <input type="checkbox"/> Indifferent | <input type="checkbox"/> Distracted | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Playful | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Resistant | <input type="checkbox"/> Jealous | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Assertive | <input type="checkbox"/> Submissive | <input type="checkbox"/> Foolish |
| <input type="checkbox"/> Dependent | <input type="checkbox"/> No-nonsense | | |

All dogs are taught basic dog obedience and socialized in public situations. What tasks do you want your dog to accomplish for you?

- Carry articles in a dog backpack for you? Yes No
- Pick up dropped articles for you? Yes No
- Retrieve objects off counters of tables? Yes No
- Turn light switches on and off? Yes No
- Stand or brace for balance? Yes No



Location	Yes	No	Frequency
Indoor/Outdoor Malls			
Grocery Store/Dept.Store (Walmart)			
Restaurants			
Dr.Offices/Hospital/PT			
Employment/School			
Downtown/Urban Area			
Movies/Concerts			
Sporting events			
Church			
Outdoor fairs/Parades/Exhibits			
Airport			
Public Transportation			
Car			
Rural Area/Campgrounds			

The reason I want a service dog is:

Tell us more about yourself – hobbies, activities, clubs, interests, etc.

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

**Please return this application with a nonrefundable deposit of \$30 to
PAALS
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