

AMAZING TAILS APPLICATION

Please send completed application to Amazing Tails, 651 Scroggy Road, Oxford, PA 19363

Name: _____

Date of Birth: _____ Height: _____

Address: _____

Phone Number : Day _____

Evening: _____

Email: _____

Referred by:

Employment Status: Employed Student Unemployed

Name and Address of Employer/School: _____

Job Description or Area of Study: _____

What disability (ies) (physical, neurological or psychiatric) have been diagnosed and age of diagnosis:

Describe your prognosis, if applicable:

Do you use: Power Wheelchair Manual Wheelchair Scooter Crutches
 Walker Cane Other: _____

What types of basic needs do you perform by yourself? Dress Bathe Cook Clean

Do you require the assistance of a family member or aide for basic needs? Yes No

If Yes, for how many hours per day and for what needs? _____

Do you live in: House Townhouse Apartment Assisted Living

How many people live in your house? _____

Please give ages and relationship:

Do you have a yard? No Yes: Fenced Unfenced Underground Fence

Do you operate a motor vehicle? Yes No

What types of transportation are available to you?

How would you describe yourself?

What types of activities do you currently enjoy outside the home? Restaurants Movies

 Shopping Theater Sporting Events Travel

 Swimming Concerts

Other: _____

What types of activities do you enjoy in the home?

 Reading Crafts Gardening Television

Other: _____

How many hours do you spend away from home each day during the week?

How many hours do you spend away from home each day on weekends or days off?

Are you planning any major changes in your live during the next 2 years:

Moving

Job Change

Going Away to School

Getting Married

Having Children

Other: _____

How do you think you life would be different if you were not disabled?

What activities do you wish you could do?

What are your short-term goals?

What are your long-term goals?

Ask your best friend to use five words to describe you:

What do you do when you are frustrated or angry?

Have you ever owned a dog? Yes No

If so, what kind(s):

Do you still have the dog, if not, what happened:

Have you ever had a bad experience with a dog? Yes No

If so, describe what happened:

Are there any breeds that you particularly like or dislike?

What kind of needs do you think a dog has?

How do you plan to exercise your dog?

How much do you think it costs to feed, groom and vet a dog for 1 year?

Do you have any other pets?

Do you have the funds to pay for the training of a service dog? Yes No

Are you willing to raise money to pay for the training of a service dog? Yes No

Are you willing to try to locate a sponsor to pay for the training of a service dog? Yes No

By submitting this application, I am certifying that all of the information I have provided is complete and accurate as of this date.

Signature of Applicant

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Please feel free to use as many additional sheets as needed to answer these questions.