



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 by performing tasks that help an individual mitigate their disability. A service dog for someone with Post Traumatic Stress Syndrome is taught behaviors that help people 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.

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 Humanities 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. If you are or have been a police officer, fire fighter or soldier you may also be eligible for the Rob’s Best Friend Fund which covers your tuition. Please send an essay about your time of service if you would like to be considered for this program.

You may be able to direct us to potential funding sources that may be interested in supporting our work, and in particular, training you and your dog. Following your interview and acceptance, you will receive a sponsorship kit and meet with PAALS to discuss this further.

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

PAALS



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PTSD APPLICATION

Personal Information

Date: _____

Full Name of Applicant: _____

If under 18, Name of

Mother _____ Father _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contact Name/Number: _____ / _____

Email: _____

Height: _____ Weight: _____

What is the applicant's full diagnosis?

Date of Birth: _____ Male: ☐ Female: ☐

Marital Status: Single ☐ Married: ☐ Divorced: ☐

Are there any other disabilities in your household?

When you are having a tough time, what things do you do to
distract yourself, calm yourself down, or make yourself feel
better? _____



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Employment/School Information (Dogs are not always permitted to accompany their partner to school)

Where are you employed/attend school? _____

City _____ State _____

Length of present employer/yrs @ school: _____

School Completed: _____

If in school, do you use a shadow or aide? ☐ Yes ☐ No

Are there any other animals in your classroom/office? _____

Are there any other animals in the building where you work/go to school (list)? _____

Have you discussed this application with your principal or superintendent or employer? _____ If so, do you have his/her support? _____

Applicant History: (if applicant's only disability is PTSD, please skip this section)

Describe the applicant's:

Activity Level ☐ Low ☐ Moderate ☐ High

Mobility: Does the applicant use a wheelchair? ☐ Yes ☐ No
If so, electric or manual?

Is one side of the applicant's body stronger than the other?
☐ Yes ☐ No Which: _____

With one or both hands? Is mobility limited?
How? _____



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Is the applicant restricted in the use of his/her hands or arms?

☐ Yes ☐ No

If yes, how so? _____

On a scale of 1 to 5 (1=poor,to 5=excellent) describe applicants:

Upper body strength	1	2	3	4	5
Range of motion	1	2	3	4	5
Grip strength	1	2	3	4	5

Living Arrangements

Do you live in the city, suburbs, or rural area? _____

Housing: ☐ Home w/ parents ☐ Apartment ☐ One level ☐ Multi-levels
☐ Group Home

Name/Location: _____

Yard: ☐ With fence ☐ Without fence

Do you: ☐ Rent ☐ Own

If renting, have you discussed having a dog living on 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

How long does it take you to travel to work/school? _____

What types of transportation do you use?

☐ Car ☐ Bus ☐ Van ☐ Train ☐ Plane



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List all people residing with you in your home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three people who could care for your service dog if you were hospitalized.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____
(Signature of Applicant)	(Date)



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Medical Information

Primary
physician _____ Phone _____

Address _____

Have you discussed this application with your doctor? ☐Yes ☐No

Is she/he in favor of your getting a service dog? ☐Yes ☐No

Please list all medications you take:

Please list ALL physicians who currently treat you and list
their field of specialization.

Your Training with the Dog

Are you able to take time off work/school to attend a one week
training session in Columbia, SC to learn how to work your PAALS
dog? _____

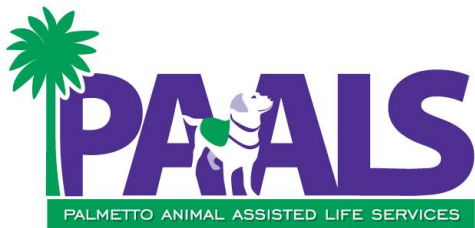
Have you ever attended dog obedience class? _____
What level? _____

Do you smoke? ☐Yes ☐No

Are you willing to participate in an on-going training session
once you get a service dog? ☐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



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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 in the evening? _____

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?

If so, what is the age: _____ Sex: _____ Neuterd: ☐Yes ☐No

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

How many hours per day would the dog be left 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 | |



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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. Describe the ways you believe a service dog can assist the applicant in activities or daily living? _____

Location	Yes	No	Frequency
Indoor/Outdoor Malls			
Grocery Store/Dept. Store (Walmart)			
Restaurants			
Dr.			



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Offices/Hospitals/PT			
Employment/School			
Downtown/Urban Area			
Movies/Concerts			
Sporting Events			
Church			
Outdoor Fairs/Parades/Exhibits			
Airport			
Public Transportation			
Car			
Rural Area/Campgrounds			

Describe your daily schedule.

Please list three references (non-family members).

Name Address Phone

May we contact these references? ☐ Yes ☐ No

Military PTSD

Are you active duty or a veteran? _____

In which conflicts were you
deployed? _____



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In which branch of the military did you
serve? _____

Please tell us a bit about what you were like before
combat. _____

How do you think you have changed since
deployment(s)? _____

What changes (emotional, social, behavioral) would you like to
make in your
life? _____

Were you physically injured in
combat? _____

Do you have ongoing pain and/or limitations due to physical
injuries? _____

Were you ever formally diagnosed with TBI, or did you ever
receive a head injury, get "your bell rung," or lose
consciousness? _____

Do you struggle with any of the following symptoms common after
head injury: (circle one)

- *Memory difficulty
- *headaches
- *poor attention/concentration



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- *Difficulty with balance
- *Dizziness
- *Slowed thinking
- *Difficulty finding the words you need

Are you, or have you been, involved in any treatment to address TBI issues? _____

Have you been diagnosed with any psychiatric disorders, including PTSD, Depression, Anxiety, Panic Disorder, Psychosis, Obsessive-Compulsive Disorder, or other? _____

Please give details of what symptoms of the above disorder(s) you experience. _____

Do you have difficulty with anger management? _____

How many days per week do you drink alcohol, and how many drinks per day? _____

Do you think you may have a problem with alcohol, or other mood altering substances? _____

Are you involved in therapy to address any of the above issues? If so, would you provide us with a release to talk to your therapist? _____



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Do you take any medications to address the above issues? Do they seem to be helpful? _____

Please tell us a bit about the people in your life upon whom you can lean on - friends, family, church members, neighbors. How often do you have contact with them? _____

What do you like to do for fun? _____

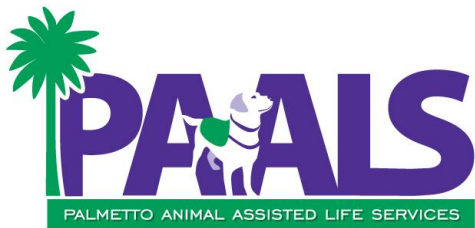
When you are having a tough time, what things do you do to distract yourself, calm yourself down, or make yourself feel better? _____

"Other" PTSD Causes

What changes (emotional, social, behavioral) would you like to make in your life? _____

Do you have ongoing pain and/or limitations due to physical injuries? _____

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consciousness? _____

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substances? _____

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they seem to be
helpful? _____

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can lean on - friends, family, church members, neighbors. How
often do you have contact with
them? _____

What do you like to do for
fun? _____

When you are having a tough time, what things do you do to
distract yourself, calm yourself down, or make yourself feel
better? _____

Please send a letter of reference in support of your needing,
receiving, and caring for a service dog along with this
application.

Please list other service dog organizations to which you have
applied and your status with them.



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The reason I want a service dog is :

Do you understand that if you are selected as a PAALS client a two week training session in Columbia will be required as well as a tuition fee of \$5,000 that can be fundraised or paid will be required prior to team training? ☐ Yes ☐ No

Do you certify that all the above information is correct, complete, and accurate.

☐ Yes ☐ No

(Signature)

(Date)

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

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

Please return all of the following to PAALS

- This completed application
- A \$30 check for the non-refundable application fee
- A Letter of Recommendation from a person not related to you in support of your ability to care for and need of an assistance dog

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