

APPLICATION FOR A PAALS FACILITY DOG

Application Fee- \$30.00

A Facility Dog is specially trained to help a professional at work who may specialize in special education, counseling, social work, physical therapy, occupational therapy, nursing, ministry, etc. These dogs can be used as innovative teaching tools, therapeutic catalysts to prompt disclosure, motivational rewards for achieving goals, and unconditional love to the sick and those in crisis.

Applying for a PAALS Assistance Dog is a multi-step process. The application must be completed and returned to PAALS. Upon receipt of this application and application fee, an interview will be scheduled. If you are not local to the Columbia, SC area then a separate home and work place visit will be scheduled after you travel to Columbia for the interview.

Those who are eligible to receive a Facility Dog must spend one to two weeks (decided on individual case basis due to different needs, schedules, and abilities) 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 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 up to \$22,000.00 and two years to train and place an assistance dog with someone in need. You are not responsible for this amount. We ask that you pay or fundraise a tuition fee \$2500-\$5,000 for your one-two week team training class.

We look forward to getting to know you and how a facility dog may help you help others!

Yours In Service, PAALS



Facility Dog Application

| Date: | | | | |
|--|----------------------------|----------------------------|--|--|
| Full Name: | | | | |
| Address: | | | | |
| City: | State: | Zip Code: | | |
| Phone Numbers: | | | | |
| Home: | Work: | Cell: | | |
| Email: | | | | |
| Date of Birth: | _ Male: 🛛 Fema | le: 🗆 | | |
| Marital Satus: Single □ | Married: Div | vorced: | | |
| What profession are you hoping t | o integrate an assistanc | e dog into? | | |
| | | | | |
| What is your current place of employment and role there? | | | | |
| | | | | |
| How long have you been in your | current position? | | | |
| | | | | |
| Have you received approval throu dog? □ Yes □ No | ugh your place of emplo | yment to use an assistance | | |
| How long have you been in your | current professional field | 1? | | |
| | | | | |



What some of the disabilities and/or special needs that an assistance dog would need to be comfortable around? Please check all that apply:

| Deafness | Speech Imapirment | Reduced Stamina |
|-------------------|-------------------------|----------------------|
| Hearing Loss | □ Coordination Problems | □ Limited Mobility |
| Memory Loss | Spasticity | □ Slowed Development |
| Vision Impariment | Muscular Weakness | |

Other:_____

What specific things would you want a trained facility dog to do:

| | | Living Arrangem | ents | |
|-------------------------|---------------------------|---|---------------------|---------------------|
| Do you live i | in the City, Suburb | s or Rural Area? | | |
| | | Apartmentwithout fence | □ One level | Multi levels |
| Do you: | □ Rent | D Own | | |
| If renting, ha □ Yes | ave you discussed □ No | having a dog living c | on the premises wit | h your landlord? |
| • | • | e. busy roads, neighl | | s/cats running free |
| | | | | |
| Do you have | e many visitors? | IYes □No | | |
| How long do | oes it take you to tra | avel to work? | | |



Do you have any physical limitations(back injury) or psyciatric conditions that we should consider when choosing a dog for you?

| What types □ Car | of transporta □ Bus | ation do you use □ Van | e? (Check all t □ Train | that apply) □ Plane | |
|-----------------------|------------------------|---------------------------|----------------------------|--|-------|
| How many Nam | people live w e | ith you? Age | | Relationship | |
| | | | | | |
| | | | | | |
| Please list a you: | any other info | ormation that m | ay be of help | to us I selecting the proper do | g for |
| | | Your trai | ning with the | e dog | |
| | | | | ligations to attend a one – two o work with your PAALS dog? | |
| Have you a | ttended dog | obedience clas | s? | What level? | |
| Do you smo | oke? □Y | ′es □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? |
| Helper's Name Telephone |
| 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: Neutered: □ Yes □ No |
| List other pets: |
| What would you do if you lost your current job and took another job that did not support a facility dog? |
| How many hours per day would the dog be alone? |
| Do you travel a lot? |
| When traveling, would you take the dog with you on trips? □ Yes □ No |
| Is there a particular type/breed dog that you do not like? |
| Are there any particular qualities in a dog that you prefer? |



Are there any particular qualities that you would not want in a dog?

When would you be able to start training with your assistance dog?

The reason I want a facility 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 all of the following to PAALS

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

PAALS P.O. Box 25679 Columbia, Sc 29224