



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 asks that everyone 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 try to meet the goal of raising 1/3 of the cost for one dog, or approximately \$7,000.00.

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.

All PAALS Service Dog teams have public access rights under the ADA.



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

## Autism and Other Related Disorders 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: \_\_\_\_\_

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?

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

### Parent/Guardian Information

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Years at this job: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hrs. worked per week: \_\_\_\_\_



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

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

Where are you employed/attend school? \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_

Length of present employer/yrs @ school: \_\_\_\_\_

School Completed: \_\_\_\_\_

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

Are there any others animals in your classroom/office? \_\_\_\_\_

Are there any other animals in the building where you work/go to school? \_\_\_\_\_

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

**Applicant History**

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant restricted in the use of his/her hands or arms?  
☐ Yes ☐ No  
If yes, how so? \_\_\_\_\_



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

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



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

List all people residing with you in your home:

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

\_\_\_\_\_  
(Signature of Applicant)

### **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? \_\_\_\_\_



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

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 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?\_\_\_\_\_



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

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

---

---

---

---



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

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			

Describe your daily schedule.

---

---

---

Please list three references(non-family members).

Name Address Phone

---

---

---

May we contact these references? ☐Yes ☐No

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





---

---

---

---

---

---

---

☐ Yes    ☐ No

(Date)

---

---

---

- 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

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.