

Gifted Paws Companion Dog Application

Please print

APPLICANT INFORMATION

Partner Parent: _____ Date of Birth _____
(Last) (First)

Partner Child: _____ Date of Birth _____
(Last) (First)

Disability: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

E-mail: _____

HOUSEHOLD INFORMATION

Number of adults in household: _____ Relationship: _____

Number of children in household: _____ Ages: _____

Is anyone known to be allergic to animals? _____

If yes, who, and to what kind of animals? _____

Are you aware of any fears that your child has to dogs or other animals? _____

If yes, please explain. _____

Do you rent or own your home? _____ Type of dwelling: _____

Do you have a yard? _____ Approximate size: _____ Fenced Area? _____ Size _____

Are you financially prepared to provide your dog with adequate food, supplies, training fees, boarding, routine and emergency veterinary care (~\$1000/year)? _____

Current Pets _____

Please include a current photo and/or a video of your child. If at all possible, a video of your child interacting with a dog would be greatly appreciated.

REFERENCES

1. Child's Therapist:

Name _____ Years Known _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email: _____

2. Child's Educator:

Name _____ Years Known _____

Address _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ email: _____

3. Person, a relative or friend, not residing with you:

Name _____ Years Known _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ email _____

4. Person, a relative or friend, not residing with you:

Name _____ Years Known _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ email _____

5. Veterinarian (if applicable)

Name _____ Years Known _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ email _____

This program is a life-time commitment. Should you be unable to keep your dog and/or it is believed it is not being cared for properly, BUF retains the right to remove the dog from your home at any time.

By my signature, I certify that the above information is complete and correct, and that I am at least 21 years of age. I realize that any misrepresentation of fact may result in disqualification from the program. I understand that BUF may approve or deny my application for a canine partner. I authorize verification of all statements on this application. I understand that this application and all photos or videos submitted become the property of BUF, which reserves the right to retain this information for its own purposes. This information shall remain confidential and shall only be used by BUF or its representatives.

_____ ____/____/____
Signature *Date*

Please send completed application along with non-refundable \$25 fee to:

***Blessings Unleashed Foundation
c/o Dana Emmitt-Hall, Director
P.O. Box 1743
Glasgow KY 42142-1743
270-678-5908***

**Application can be e-mailed to:
Dana@scrtc.com**

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