



LEAD with Love Inc.

16320 Locust Run Rd.

Montpelier, VA 23192

APPLICATION FOR SERVICE DOG

CHILD (Under 18 years old or adult who is not their own legal guardian)

PLEASE PRINT CLEARLY

PARENT INFORMATION- MOTHER

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

PARENT INFORMATION- FATHER

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

CHILDS INFORMATION

Name: _____

Date of Birth: _____ Age: _____

PLEASE LIST CONTACTS OTHER THAN PARENTS

Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

PHYSICIAN/ THERAPIST INFORMATION

Physician: _____ Phone: _____

Address: _____

Physical Therapist: _____ Phone: _____

Occupational Therapist: _____ Phone: _____

Case Manager: _____ Phone: _____

IF PETS IN HOME

Veterinarian: _____ Phone: _____

DIAGNOSIS

What is the primary diagnosis? _____

Please list any secondary diagnoses _____

What other medical problems do they have?

PLEASE USE A SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED

How does this affect their daily living? What limitations do they have?

Are there restrictions or precautions due to their diagnosis?

What type of medical treatment do they currently receive?

Please list medications, dosage, and what they are for

What type of adaptive equipment if any does your child require (wheelchair, hearing aid, etc.)?

HOUSEHOLD INFORMATION

Type of home?

Rent or own?

Fenced in yard?

Please list people residing in the home

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
-------------	------------	---------------------

Please list other pets in the home

<u>Name</u>	<u>Species</u>	<u>Age</u>	<u>M/F</u>	<u>Fixed?</u>
-------------	----------------	------------	------------	---------------

What tasks do you think a service dog could help your child with most?

How do you see a service dog benefitting your family overall?

Please tell us anything else you would like us to know

REFERENCES:

You must have three personal references not related to you complete and mail in or email a letter of reference to our office. The letter must include length of relationship, their view on the child's struggles as well as the families and whether or not they think they would benefit from a service dog. If there are resident pets discuss interaction and care relating to them

APPLICATION MUST BE ACCOMPANIED BY A \$50.00 NON-REFUNDABLE PROCESSING FEE. MAKE CHECK PAYABLE TO LEAD WITH LOVE INC.

Parent's Signature: _____

Date: _____

Please return by mail or email:

Mail- 16320 Locust Run Road Montpelier, VA 23192

Email- leadwithloveinc@gmail.com