

Operation Freedom Paws Canada

403 Holiday Road, Fanny Bay, BC V0R 1W0

BN#77240-2735-BC0001

info@ofpcanada.org



Four Paws, Two Feet, One Team

SERVICE DOG APPLICATION

GENERAL INFORMATION			
Date: _____		WSBC/VAC File #: _____	
Last Name		First Name	Middle Name
Residence Address		City	Province
Mailing or PO Box Address, if different		City	Province
Home Phone #	Cell #	E-Mail	Date of Birth:
Are you a Veteran <input type="checkbox"/> 1st Responder <input type="checkbox"/> Civilian <input type="checkbox"/> veteran Under 18 years old <input type="checkbox"/>			
How did you hear about the Operation Freedom Paws Service Dog program?			
<input type="checkbox"/> Operation Freedom Paws Web Page <input type="checkbox"/> Referred by (name): _____			
<input type="checkbox"/> Veteran Affairs – List location: _____			
<input type="checkbox"/> Other _____			
Type of dog applying for:		<input type="checkbox"/> Mobility Assistance <input type="checkbox"/> PTS <input type="checkbox"/> TBI <input type="checkbox"/> Seizure <input type="checkbox"/> Hearing Assistance <input type="checkbox"/> Allergy Alert	
What is your disability?			
How long have you been disabled?			
How long have you been looking for a service dog?			
What tasks or skills would you like an assistance dog to do for you or the recipient?			
Please describe how your disability affects your life and your current level of independence:			
What is your ultimate goal (or your goal for the recipient) with a possible partnership with an assistance Dog.			
Do you have your own dog that you would like to train as a Service Dog?		<input type="checkbox"/> Yes If Yes, Age of Dog _____ <input type="checkbox"/> No	

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Types of Assistance Skills Desired:	<input type="checkbox"/> Pick up/Retrieve Items <input type="checkbox"/> Open/Close Cabinets <input type="checkbox"/> Safety <input type="checkbox"/> Provide Bracing to Stand, Walk, Sit, Balance <input type="checkbox"/> Open/Close Doors <input type="checkbox"/> Emotional Stability <input type="checkbox"/> Depression <input type="checkbox"/> Help in Emergencies
Home Environment:	<input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Shared Housing <input type="checkbox"/> Assisted Living
Fenced Yard:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Household Members:	<input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Children (Ages _____)
Are there other animals in the household:	<input type="checkbox"/> Yes (please list: _____) <input type="checkbox"/> No
Equipment in Use:	<input type="checkbox"/> Wheel Chair: <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Both <input type="checkbox"/> Electric Scooter <input type="checkbox"/> Braces: <input type="checkbox"/> Leg <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Prosthetics (Please List Type(s) _____) <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other (Please Describe): _____ _____ _____
<p>You must have a medical letter or prescription signed by a Doctor stating you need/require a service animal before submitting your application. Any application submitted without this letter will not be reviewed until received.</p>	
Name of person completing this form:	

Date _____

Signature of Applicant _____

All applicants must become a client of Operation Freedom Paws Canada to receive a "service dog". While we do our best to serve everyone in need, please note that not all applicants will be accepted into our program.

**Please mail your application to: Operation Freedom Paws Canada
403 Holiday Road, Fanny Bay, BC V0R 1W0**

or

scan and email to: info@ofpcanada.org
Please call 250.954.5552 if you have questions.