

# 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
			Postal Code
Mailing or PO Box Address, if different		City	Province
			Postal Code
Home Phone #	Cell #	E-Mail	Date of Birth:
Are you a Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a 1st Responder: Yes <input type="checkbox"/> No <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 _____			
<b>Type of dog applying for:</b>		<input type="checkbox"/> Mobility Assistance <input type="checkbox"/> PTS <input type="checkbox"/> TBI <input type="checkbox"/> Seizure	
		<input type="checkbox"/> Allergy Alert	
<b>What is your disability?</b>			
<b>How long have you been disabled?</b>			
<b>How long have you been looking for a service dog?</b>			
<b>What tasks or skills would you like an assistance dog to do for you or the recipient?</b>			
<b>Please describe how your disability affects your life and your current level of independence:</b>			
<b>What is your ultimate goal (or your goal for the recipient) with a possible partnership with an assistance Dog.</b>			
<b>Do you have your own dog that you would like to train as a Service Dog?</b>		<input type="checkbox"/> Yes    Age of Dog: _____    Dog Breed: _____	

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<b>Types of Assistance Skills Desired:</b>	<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
<b>Home Environment:</b>	<input type="checkbox"/> Apartment <input type="checkbox"/> Home <input type="checkbox"/> Shared Housing <input type="checkbox"/> Assisted Living
<b>Fenced Yard:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Household Members:</b>	<input type="checkbox"/> Spouse/Significant Other <input type="checkbox"/> Children (Ages _____)
<b>Are there other animals in the household:</b>	<input type="checkbox"/> Yes (please list: _____) <input type="checkbox"/> No
<b>Equipment in Use:</b>	<input type="checkbox"/> <b>Braces:</b> <input type="checkbox"/> Leg <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Prosthetics (Please List Type(s) _____) <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Other (Please Describe): _____ _____ _____
<p><b>You must forward a signed letter from a general practitioner, psychiatrist, psychologist or therapist with your application. The letter must state your diagnoses and why you need/require a service dog, and that you are able to participate twice a week in our 48 plus service dog training program. Any application submitted without this letter will not be reviewed until the letter is received.</b></p>	
<b>Name of person completing this form:</b>	_____

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.