

REQUEST FOR APPROVAL FOR PTSD PUPPY FOR SERVICE OF DISABILITY

RECIPIENT'S NAME: _____ PRESENT
ADDRESS: _____ PHONE: _____ NAME OF
SPOUSE: _____

REFERRING AGENCY: _____

REFERRING AGENT: _____

OCCUPATION & EMPLOYER'S NAME:: _____

ADDRESS: _____

SPOUSE: _____

PETS: YES _____ NO _____ IF YES, WHAT TYPE/WEIGHT? _____

TYPE OF VEHICLES: _____ LICENSE#: _____ LICENSE #: _____

CREDIT REFERENCES: NAME ADDRESS PHONE

_____ PERSONAL REFERENCES (LOCAL PREFERRED): NAME ADDRESS PHONE

_____ I AGREE TO READ AND ABIDE BY THE 2019 PAWS BILL Working Dog Standards, American's
With Disability's ACT RULES AND REGULATIONS. DATE: _____

_____ SIGNATURE OF APPLICANT

DATE: _____

SIGNATURE OF APPLICANT APPROVED: BOARD OF DIRECTORS BY: _____

SUBMITTED BY: _____ DATE: _____

ADDRESS: _____ PLEASE RETURN TO Sandra LaFlamme NPTSD 2685
Temple Street Sarasota, FL 34239 PTSD.ASSISTANCE@gmail.com