



Describe your ideal dog

BUF Office Use Only

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What special needs do you hope your service dog will assist you with?

BUF OFFICE USE ONLY

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
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3. \_\_\_\_\_  
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**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 \_\_\_\_\_

**6. Doctor's Referral**

**Please provide a written doctor's order that this dog will be beneficial to the child.**

**7. City, County, & State Ordinances**

*Please include copies of all local laws in regards to the licensing for a service dog.*

This program is a life-time commitment. Should you be unable to keep your dog and/or it is not being utilized as a service dog for a minimum of five years, 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 processing 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](mailto:Dana@scrtc.com)