

APPLICATION FOR A XOLO FOR CHRONIC PAIN RELIEF SERVICE DOG

Name _____ Email: _____ Ph _____

Address _____ City _____ State _____ Zip _____

Date of birth _____ Age: _____ Social Security Number _____

Driver's License # _____ State _____ Application date _____

On a separate sheet of paper, please answer the following numbered questions:

1. Please state the reasons you would like to purchase a Xolo puppy.
2. Please state *specifically* the ways in which you would like the dog to help you with your health challenge/disability.
3. Have you ever had a dog before? If so, what type of dog _____
 - a. Describe what it was like to have a dog.
 - b. What did you like and dislike about having a dog?
4. What is your living situation? (house, apt., yard, etc. -- # and ages of people living in home)
5. Are there any other pets in the household? If so, what pets? Children? If so, what ages?
6. Who will take care of the dog?
7. How will any of your health challenges interfere with the care of the dog?
8. What will be most difficult in taking care of the dog.
9. Please describe how you plan to care for the dog.
10. Have you ever trained a dog? Please describe how you plan to train the dog for service dog tasks.
11. Do you plan to use the dog in public as a service dog? If yes, how will you get the dog trained? (please research this in your area before you apply)
12. If you live in the San Diego county, would you be interested in attending formal certification for service dogs through one of the service dog training programs in the area?
13. Are you financially able to support a dog? (including food, regular vet visits, unexpected or emergency expenses, AND especially obedience/service training related expenses?)
14. Indicate your order of preference for the type of puppy you would like (from 1-4, one being first choice):
_____ Hairless female _____ Coated female _____ Hairless male _____ Coated male
15. Please circle if you will accept: **toy size** (up to 13", 8-13 lbs), **miniature** (14-18", 15-18 lbs) **or either**.
16. Please indicate how long you may be willing to wait for the right Xolo for your placement?
17. How did you learn about X-CPR (Xolos for Chronic Pain Relief program) or Paws For Comfort?
18. Names and phone numbers of three references: Your veterinarian, if you have one, 2 personal references who have been to your house/known you for at least 1 year; a work reference if applicable.
19. If there are no sponsorships available, what are you able to pay for your Xolo?

Please fax, email or mail application to: X-CPR/Nancy Gordon PO Box 601784 San Diego Ca 92160-1784
Fax 619 546 5458 (note: if fax doesn't go through, please contact me: Nancy@PawsForComfort.com or
619 599 5228. If you have not received a reply at all, PLEASE contact me again as I may not have received it.