



FurReal Heroes

Service Dog Applicant Medical Form

Updated: April 2020

This medical form is to be completed by a medical profession that has worked closely with the applicant for a FurReal Heroes Service Dog.

Information Release:

Dr. _____, please release the requested medical information regarding my condition(s) to FurReal Heroes corp. This information will be used by the FurReal Heroes Board of Directors to help determine my compatibility for their service dog program.

Applicant Name (print): _____

Applicant Signature: _____ Date: _____

Doctor's Name: _____ Practice Type: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: 1(____) _____ - _____

Patient Information:

How long has this patient been under your care? _____

Primary diagnosis of patient: _____

Other diagnoses of patient: _____

Describe any/all limitations the patient experiences: _____

Safety measures that must be met as a result of the patient's diagnosis: _____

The patient:

☐ Walks at an average speed ☐ Walks slowly ☐ Walks unsteadily ☐ Is non-ambulatory

Check all that apply. The patient uses:

☐ a Cane ☐ a Walker ☐ Leg Braces ☐ Crutches ☐ a Manual Wheelchair
☐ a Powered Wheelchair ☐ Scooter ☐ Prosthetics ☐ Hearing Aids ☐ Oxygen
☐ a Back Brace ☐ None ☐ Other: _____

If part of your patient's diagnosis includes episodes of repetitive behaviors, please answer the following:

Are these behaviors considered self-harming? ☐ YES ☐ NO

If yes, please elaborate: _____

Are these behaviors something that could potentially harm the dog? ☐ YES ☐ NO

If yes, please elaborate: _____

Other medical information FurReal Heroes should be aware of: _____

Would you recommend that this individual should be considered for a service dog? ☐ YES ☐ NO

What tasks could a service dog do to help your patient become more independent? _____

Do you believe that your patient is physically and mentally sound to participate in the FurReal Heroes Service Dog program? ☐ YES ☐ NO

Additional Comments: _____

Doctor Signature: _____ Date: _____

Please email this completed medical form to furrealheroes@gmail.com
or mail to FurReal Heroes P.O. Box 2150 Des Plaines, IL 60017