



## Health Care Provider Reference Form

Please note that Sunshine State Animal Rescue (SSAR) may contact this reference for a phone interview. If the applicant needs to sign a release of information waiver *prior* to the phone interview, request the applicant to do so upon receipt of this form.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Health Care Provider (please print): \_\_\_\_\_

Title/ Relationship to Applicant: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

1. How long have you known the applicant?

2. Our organization specializes in identifying dogs with the potential to train as a service dog, then refer the disabled individuals to trainers who can assist the client in training their own service dog to help mitigate their disability. The applicant above has applied to receive one of these special dogs. Please note the applicant's disability or disabilities; including how a service dog could benefit the applicant.

3. To your knowledge, is the applicant able to care, provide for, and help train their own service dog?

4. In some instances, Sunshine State Animal Rescue determines that the individual is not a proper match with our dogs. While we try to work through the issue, if the individual is not bonding with any of the dogs, if the individual is not complying with SSAR rules, or if there are other reasons, we reserve the right to notify you.

Please feel free to add anything else about the applicant that substantiates his/her ability to care for, and benefit from, a service dog. For this, please use the reverse side.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send to:

Sunshine State Animal Rescue, P.O. Box 5211, Navarre, FL 32566

SunshineStateAnimalRescue@outlook.com