

**BRYAN & AMANDA
BICKELL
FOUNDATION**

MS Service Dog Application
Please return completed forms to: info@bickellfoundation.org

Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

Date of Application:

Who else lives in your home?

Do you own/rent? Do you have a fenced yard?

Date diagnosed with MS:

Name of neurologist or physician:

Have you ever been arrested, charged or convicted of a crime, including abuse or negligence of any animal?

Other pets in the household:

Have you previously owned a dog?

Have you ever rehomed a pet?

Name and phone number of your veterinarian (if current pet owner):

What symptoms of MS do you struggle with? Please indicate your limitations, activity level ,and daily routine and what tasks you would like your service dog to assist with. Use additional pages if necessary.

Why do you want a service dog?

How do you envision your service dog fitting in to your family and daily life?

Do you have the financial capacity to provide food and medical treatment to your service dog?

While you will be the only owner of your service dog, do you acknowledge that if you are unable to keep the dog for any reason you must return the dog to the Bryan and Amanda Bickell Foundation?

Are you willing to follow up and keep in contact with the Bickell Foundation once the dog is placed in your home? Could we feature you on our social media and marketing pieces?

Please include with the application a letter from your doctor confirming your diagnosis or other proof of MS, as well as a photo of your family (or yourself if living alone). Also, please include 2 references. Feel free to include any additional information that you think would be useful in evaluating your application.

Bryan and Amanda Bickell Foundation
www.bickellfoundation.org info@bickellfoundation.org