

REFERENCES:

In order to assist us in understanding your needs and determining if you can benefit from a facility dog, we request the following information. Please list the names and addresses of **one person who is not a relative** and **two professional references** whom we can contact for character references. This information must be complete in order to pursue your request for a facility dog. Please be assured that all information will be kept in the strictest confidence.

Please print legibly.

Personal Reference:

Name: _____ Relationship: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) _____

Professional References: (Supervisor, Social Worker, Therapist, Family Physician, Teacher, Spiritual Leader etc.)

Name: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) _____

Name: _____
Address: _____ E-mail: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) _____

My signature below indicates that I give Dogs with Wings permission to contact the above named references directly to clarify any information provided on the submitted reference forms:

Signature

Date Signed