



Medical Release Form

- ◆ To be completed by Physician
- ◆ ONE form per physician - If the physician is permanent to you getting a service dog, please have them fill one out, Ex: Psychiatrist, Chiropractor, Primary Care Physician, etc.

Please send release to:
Colorado Service Dogs, Inc.
3034 Quarterland Street
Strasburg, Colorado 80136

Phone: 720-207-7584

** Candidate responds to these inquiries ONLY, please make sure you sign the release!

Please sign the section for the release of your medical information to Colorado Service Dogs, Inc. and ask your doctor to fill in the form and send it back to us via the address above. Thank you!

Authorization for Release of Medical Information

I am requesting that you forward medical information regarding my disability to Colorado Service Dogs, Inc. This information is to be used in the placement of a Service Dog with me and otherwise kept confidential.

** Candidate's Signature

** Parent or Guardian's signature, if necessary

** Candidate's Name _____

** Doctor's Name _____

** Telephone _____

** Address _____

PHYSICIAN SECTION BELOW - Please print legibly

Length of Association with Candidate _____

Date of Last Examination _____

Mental & Emotional Evaluation of Client

Able to make decisions necessary for daily living?

Able to learn and maintain attention span?

Able to follow directions and remember?

Able to control inappropriate behavior?

Capable of making decisions concerning own and others needs and safety?

Under medication which impairs ability or reasoning?

Can learn to work with, care for, and control a dog?

How do you feel this person would benefit from an service dog?

Primary disability & prognosis

Physical Evaluation

Cause of disability

Is this disability due to or affected by alcoholism or drug abuse?

If so, has candidate been in treatment facility? YES or NO

When and where? _____

Duration of disability and effect on candidates abilities for daily living (to care for self, eating, toileting, dressing, managing household, acquiring assistance, etc.)

Please give any related medical history or additional information, which will assist us in this placement (endurance, restrictions, strengths, etc.)

Does this person have any allergies? If so, how are they treated?

Do you recommend this person for a Colorado Service Dog? If so why?

Doctor's Printed Name _____

Doctor's Signature _____

Phone Number _____

Date _____

Any additional comments may be made here:
