

PAWTISM CONTRACT VERIFICATION FORM

The information provided on this form will be used by Pawtism in consideration of a financial grant for the family indicated below in order to assist with the cost of an autism assistance/service dog.

Please print this form on company letterhead, fill out, and submit directly to Pawtism by mail:
Pawtism Inc. PO Box 24202, Winston Salem, NC 27114. Or scan and email to info@pawtism.org

GENERAL INFORMATION

Agency/Company Name: _____

Address: _____

Phone Number: _____ Fax: _____

Email Address: _____

Tax ID/EIN: _____

CLIENT STATUS VERIFICATION

Child/Individual who Assistance Dog will be benefiting _____

Parent/Guardian Name(s) _____

Family has been approved by your agency/company for a service dog: YES NO

Family is currently on a waitlist/under contract with your agency/company: YES NO

Your agency/company has deemed family to be good candidates for service dog placement and they have met all requirements set forth by your agency/company: YES NO

Total anticipated cost to family for a service dog from your agency/company: _____

Amount paid to date: _____ Date(s) remainder is due: _____

Estimated timeline for Service Dog placement (a range is ok): _____

Signature of Agency/Company Representative: _____

Date: _____ Printed Name: _____

Job Title/Position with Agency/Company: _____