

Apply for a Canine Partner

- Are you 18 years of age or over?
- Do you feel that you would benefit from the help a Canine Partner can provide?
- Do you want the responsibility of looking after such a dog?
- Do you use a wheelchair?

If so, please complete this request for an application pack and send it to:

Canine Partners, Mill Lane, Heyshott, Midhurst, West Sussex GU29 0ED

Please send me an application pack:

Name (Mr/Mrs/Miss/Dr) _____

Address _____

_____ Postcode _____

Tel No. _____

Please supply brief details of your disability and tell us how you think you would benefit from having a Canine Partner. Please use a separate sheet of paper if necessary.

How did you hear about Canine Partners? _____
