OccuPaws Guide Dog Association

P.O. Box 45857, Madison, WI 53744
Phone: 608-772-3787 Fax: 866-854-3291
Email: barb@occupaws.org

MEDICATION AND HEALTH INSURANCE INFORMATION

Physician and Applicant: Please list all medications, strength, dosage, and reason for use. Also, please indicate any side effects that may affect the applicant during their time in training. Applicant is responsible for administering his/her own medication.

Applicant's name _____ **Date** _____

Medication	Strength	Dosage	Reason	Side Effects

Health Insurance Information

Policy number: _____

Policyholder's name: _____

Insurance Company: _____

Telephone number: _____