



## APPLICATION FOR SERVICE DOG / COMPANION

**1** **STEP ONE**  
Complete this Application form

**2** **STEP TWO**  
Once your application has been reviewed we will mail you a request for the following;

- A Medical History form completed by your physician or primary care specialist.
- A letter of personal reference from anyone other than a family member.
- A professional letter of reference from a therapist, social worker, commanding officer or other professional with whom you have contact.
- A picture of yourself

*Note : At some point during the process we may request that a media release be signed so that we may use images or video of you as a training or promotional tool for our Dogs for Veterans program.*

**3** **STEP THREE**  
An interview, in person or over the phone. The interview is critical to understand your needs, personality, and lifestyle in order to match you with a dog.

**4** **STEP FOUR**  
This last step is the most difficult. It is our waiting list. Your wait may be several months or longer.

*Note: Dogs for Veterans reserves the right to decline an applicant for a service dog at any time during the application process, training or in-home evaluation periods.*



Name \* \_\_\_\_\_

Address \* \_\_\_\_\_

Home Phone \* \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \* \_\_\_\_\_

Please tell us the closest metropolitan area to you and describe where it is in relation to your home \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender  Male  Female

Nearest Relative \* \_\_\_\_\_

Relationship \* \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \*  Single  Married  Divorced



**Branch of Service \***

Rank \* \_\_\_\_\_

What is your primary disability \* \_\_\_\_\_

Did you receive your disability during active military duty? \*  Yes  No

If no please describe \_\_\_\_\_

Please list any secondary disabilities, if any \* \_\_\_\_\_

Is your disability progressive? \* \_\_\_\_\_

What is your approximate height and weight? \* \_\_\_\_\_

What are the effects of your disability? (Please check all that apply)\*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Deafness          | <input type="checkbox"/> Speech Impairment     | <input type="checkbox"/> Hearing Loss        |
| <input type="checkbox"/> Paralysis         | <input type="checkbox"/> Coordination Problems | <input type="checkbox"/> Limited Mobility    |
| <input type="checkbox"/> Memory Loss       | <input type="checkbox"/> Balance               | <input type="checkbox"/> Vision Impairment   |
| <input type="checkbox"/> Muscular Weakness | <input type="checkbox"/> Chronic Pain          | <input type="checkbox"/> Heightened Emotions |
| <input type="checkbox"/> Depression        | <input type="checkbox"/> Seizures              |  |

if Seizures, what type and how often? \_\_\_\_\_

What treatments or medications are you using control your seizures? \_\_\_\_\_

Other Effects \_\_\_\_\_

\_\_\_\_\_



Do you use any of the following aids or assisting devices? \*

- Prosthesis
- Leg Brace
- Electric Wheelchair
- Manual Wheelchair
- Wrist Brace
- Hearing Aid
- Crutch/Cane
- Walker
- Other

If other, please list \_\_\_\_\_

Primary Care Physician, PT, OT and/or Other Health Professional Important to Your Care  
(Please list with phone numbers) \* \_\_\_\_\_

Housing \* \_\_\_\_\_

Home \_\_\_\_\_

Apartment \_\_\_\_\_

Other \_\_\_\_\_

If other, please describe \_\_\_\_\_

Housing \* \_\_\_\_\_

Yard \_\_\_\_\_

With Fence \_\_\_\_\_

Without Fence \_\_\_\_\_



Living Arrangement

(Please list all those living with you. Please include Name, Relationship and Age) \*

Do you have an attendant?  Yes  No

If Yes, Fulltime or Part Time  Full Time  Part Time

Please describe your home and your neighborhood (i.e., quiet, lots of children, close to retail/commercial, suburban, rural, lot :

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Have you ever had a dog? Describe your experience with your dog:\*

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Do other animals live with you or visit you frequently?

If so, please describe (including type of animal, it's sex & age). Who \*

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Who will assist in the daily care and training of your dog? \*

Does anyone in your household have concerns about having a service dog in their home?

If so, please describe: \*

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Are you (or anyone in your household) allergic to animals? \*  Yes



Are you currently employed? If so, do you want your dog to assist you while at work?

In what way? \* \_\_\_\_\_

Pick six of the following words that would best describe the dog you would like to have. \*

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Serious     | <input type="checkbox"/> Slow              | <input type="checkbox"/> Playful    |
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Friendly          | <input type="checkbox"/> Willing    |
| <input type="checkbox"/> Attentive   | <input type="checkbox"/> Energetic         | <input type="checkbox"/> Sensible   |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Smart             | <input type="checkbox"/> Protective |
| <input type="checkbox"/> Dependable  | <input type="checkbox"/> Stable            | <input type="checkbox"/> Confident  |
| <input type="checkbox"/> Happy       | <input type="checkbox"/> Sweet             | <input type="checkbox"/> Easy going |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Assertive Devoted | <input type="checkbox"/> Dependent  |
| <input type="checkbox"/> Loving      | <input type="checkbox"/> Submissive        | <input type="checkbox"/> Trusting   |
| <input type="checkbox"/> Excitable   | <input type="checkbox"/> Communicative     |                                     |

Pick four of the following words that would describe traits you would not like to have in a dog.\*

- |                                     |                                       |                                     |
|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Playful    | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Stubborn   |
| <input type="checkbox"/> Protective | <input type="checkbox"/> Resistant    | <input type="checkbox"/> Jealous    |
| <input type="checkbox"/> Excitable  | <input type="checkbox"/> Assertive    | <input type="checkbox"/> Submissive |
| <input type="checkbox"/> Fearful    | <input type="checkbox"/> Joking       | <input type="checkbox"/> Foolish    |
| <input type="checkbox"/> Dependent  | <input type="checkbox"/> No-nonsense  | <input type="checkbox"/> Calm       |
| <input type="checkbox"/> Serious    | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Distracted |
| <input type="checkbox"/> Slow       |                                       |                                     |

Describe your means of transportation \* \_\_\_\_\_



Are you available to attend a 90 days of training camp.\*  Yes  No

How do you feel a service dog could improve your life? With what specific tasks would you want a dog help you with?

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Please tell us about yourself — clubs, hobbies, activities, other interested

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