



## Service Dog Application for Disabled Combat Veteran

Dear Applicant: **Thank you** for your interest in applying for a service dog, through DFW Canines for Veterans a 501c3 non profit organization. Entering into the process of applying for a service dog can be an emotional undertaking: excitement of the prospect of gaining a skilled canine helper, frustration with the length and uncertainty of the wait, questioning of your own (or your family's) readiness to incorporate an DFW Canines for Veterans dog into your life.

### **WHERE TO SEND A COMPLETED APPLICATION?**

Please print out, sign and email your application to [DFWCanineSD@gmail.com](mailto:DFWCanineSD@gmail.com)

### **Need help or have questions about your application?**

Please call 682-304-4310 or email us at [dfwcaninesd@gmail.com](mailto:dfwcaninesd@gmail.com) with any questions or concerns throughout the application process.

**Again, thank you for your interest in DFW Canines for Veterans!**

### **Please enclose is the following: Incomplete applications will not be processed!**

Personal application form for a service dog

Veteran's DD-214

VA Award Letter

Letter from Psychiatrist (or mental health provider) that you would benefit from a service dog for your PTSD and/or TBI

Personal reference form (completed by friend, coworker etc) *Must be non relative.*

### ***Training:***

***Training will be held every Sunday at 10:00 at Oliver Nature Park in Mansfield, Texas. Weekly attendance is MANDATORY! If you miss more than three trainings you will be removed from our program. Unless pre-approved, emergency situation or medical issue arises. We have other veterans waiting on our list to train in which that spot could be filled.***



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### APPLICATION FORM FOR AN DFW CANINES FOR VETERANS SERVICE DOG

#### **DIRECTIONS:**

Please print or type your responses in the spaces provided. You may attach additional sheets as needed. We understand this is a very lengthy and personal application. With this information we are able to match your service dog and the training according to your specific disability. The more we know about you, the more likely it is to we can choose a dog with the right qualifications for you.

#### ***I. BACKGROUND INFORMATION***

Today's date: \_\_\_\_\_  
 First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street City/State/Zip  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Email (if available) \_\_\_\_\_  
 Sex: (circle one) Female or Male  
 Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Term of Service: \_\_\_\_\_  
 Rank: \_\_\_\_\_ Disability Rating: \_\_\_\_\_

*Please note: Branch of service, terms of service and rank are for information purposes only. They are NOT factors in determining eligibility of a DFW Canines for Veterans Service Dog!*



# Service Dog Application for Disabled Veteran

## II. MOBILITY INFORMATION:

Is your disability progressive? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other medical issues: \_\_\_\_\_

Have you applied for a service dog from another program? No \_\_\_ Yes \_\_\_

Have you already trained with another service dog program? \_\_\_\_\_

If yes, which one? \_\_\_\_\_

### **Please check that all apply**

Walk normally \_\_\_\_\_ Crutches (1 or 2): \_\_\_\_\_

Walk slowly but steadily: \_\_\_\_\_

Cane: Walk unsteadily: \_\_\_\_\_ Use walker: \_\_\_\_\_

Non-ambulatory: \_\_\_\_\_ Braces: \_\_\_\_\_

Wheelchair-manual: \_\_\_\_\_ Wheelchair-power: \_\_\_\_\_

## III. HAND AND ARM MOVEMENTS

Right-handed: \_\_\_\_\_ Left-handed: \_\_\_\_\_

Describe any limits in hand or arm movements: \_\_\_\_\_

## IV. DISABILITIES:

### **Please check all that apply**

Speech Hearing: \_\_\_\_\_ Impaired reaction speed: \_\_\_\_\_

Pain intolerance: \_\_\_\_\_ Vision: \_\_\_\_\_

Learning disability (indicate type): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

If you have checked any of the above, please describe the nature of the disability and provide relevant information on if and how it affects your functioning.

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

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## Service Dog Application for Disabled Veteran

Describe any special areas of disability not covered above or any area of physical need that you feel DFW Canines for Veterans should be aware of.

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**V. DAILY ACTIVITIES:**

**Please check that all apply relative to the daily activities that you are currently involved with.**

Work (specify kind):

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Fulltime \_\_\_\_\_ Part time \_\_\_\_\_

School (specify level and location): \_\_\_\_\_

Will you bring your dog with you to work and or school? Yes \_\_\_ No \_\_\_

If No, Why? \_\_\_\_\_

Other regular activities/hobbies (e.g., shop, computers, visit, etc.)

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If you work and you are unable to take your dog to work with you due to the type of job you have, where will the dog stay? \_\_\_\_\_

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Who will be caring for the dog while you are at work? \_\_\_\_\_

**Please answer as honest as possible. These answers help us match your dog with you and your activity level!**

Do you describe yourself as: Inactive \_\_\_\_\_ Active \_\_\_\_\_

On a scale of 1-10 how active are you? \_\_\_\_\_  
 Do you spend a major part of your day in bed or on the couch?  
 No \_\_\_ Yes \_\_\_  
 If "yes" to above, how many hours? \_\_\_\_\_  
 Would you like to be more active? \_\_\_\_\_



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### VI. USAGE INFORMATION:

*Do you experience difficulties in any of the following activities?  
 Check all that apply.*

Picking up dropped objects: \_\_\_\_\_ Opening household door: \_\_\_\_\_  
 Opening commercial door: \_\_\_\_\_  
 Getting help in case of an emergency: \_\_\_\_\_  
 Carrying items (list): \_\_\_\_\_  
 Turning light switches "on/off": \_\_\_\_\_  
 Getting up from the ground \_\_\_\_\_  
 Getting up from a seated position: \_\_\_\_\_  
 Retrieving cordless phone: \_\_\_\_\_  
 Moving wheelchair up steep ramps/inclines: \_\_\_\_\_  
 Poor balance in walking: \_\_\_\_\_ Difficulty on stairs: \_\_\_\_\_  
 In what other areas do you feel a service dog might assist you?

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### VII. GENERAL INFORMATION

How many other pets do you own? \_\_\_\_\_  
 (specify number, type, and age) \_\_\_\_\_  
 If other pets, do they live inside or outside? \_\_\_\_\_  
 Housing (indicate one): Apartment \_\_\_\_\_ House: \_\_\_\_\_  
 A service dog would have access to (indicate one):  
 Fenced exercise area: \_\_\_\_\_ Non-fenced exercise area: \_\_\_\_\_ Other: \_\_\_\_\_  
 Do you plan to move in the near future? No \_\_\_\_\_ Yes \_\_\_\_\_ (explain)  
 \_\_\_\_\_

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### General Info Cont:

How many other people live with you? \_\_\_\_\_  
 List names, age, and relationship to each individual:

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

Do you, or does anyone in your household, smoke?

No \_\_\_\_\_ Yes \_\_\_\_\_ (explain) \_\_\_\_\_

Are you, or anyone you live with, allergic to dogs? No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever been convicted of a felony? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

***(This does NOT auto disqualify you!) We understand PTSD/TBI comes with issues of all types including legal issues! Drug, alcohol issues etc. It WILL BE an automatic disqualification/removal from the program, if you do not disclose it now and we find out later. We all have issues and we would rather help you and train the dog around your disabilities. We have several veteran with an array of issues, that can help you! Sexual offenders and crimes against animals are an automatic disqualification from our program.***

Do you already own a dog you would like us to evaluate: No \_\_\_ Yes \_\_\_

If we are unable to certify your personal dog are you willing to take on another dog:

No \_\_\_\_\_ Yes \_\_\_\_\_

We pull our dogs from city kill shelters, so the dog can be any breed, mix or sex of dog. By signing this contract you acknowledge and accept all terms of this!



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### **General Info Cont:**

***(We do strongly prefer only ONE dog in the home due to the bonding and training process.)  
But we do place service dogs in multi dog homes. It is up to the discretion of the Director of Training.***

If you were to receive a service dog, how do you expect it to change your life?

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### **VIII. LIVING WITH A SERVICE DOG:**

A service dog needs daily feeding, training, attention, and care. You are responsible for ALL veterinary care to your personal dog and or the dog we have provided to you. This includes spay/neutering and shots.

The SERVICE DOG IN TRAINING MUST BE ON THE FOLLOWING: Heartworm prevention, Flea & tick control, weekly grooming and or emergency medical care. Dogs also must be on a approved dog food: 4Health (tractor supply) Fromm or other high quality, grain & corn free dog food.

Are you able to treat the dog as a working dog, not a pet: No \_\_\_\_\_ Yes \_\_\_\_\_

You and your family understand this is NOT a household family pet and everyone will abide by the structured regime as given by our Director of Training?

I agree I will be completely in charge of my service dog? Yes \_\_\_\_\_ No \_\_\_\_\_

You agree that you the veteran will be the direct caregiver of your service dog including but not limited to feeding, bathing, grooming, training and upkeep on your service dog?

Yes \_\_\_\_\_ No \_\_\_\_\_

This means **not** allowing strangers to pet the dog in public without your permission, ensuring that the dog behaves in public, and being the person in your dog's life that will be responsible for the dog's care and well-being?

No \_\_\_\_\_ Yes \_\_\_\_\_

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain.

\_\_\_\_\_

\_\_\_\_\_



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### IX. ALTERNATE EMERGENCY CONTACT

Please provide the name of a friend or relative we can call if we can't reach you:

\_\_\_\_\_

Phone number of person listed above (work and home if available)

\_\_\_\_\_

Relationship to person listed above \_\_\_\_\_

### X. PERSONAL/PROFESSIONAL REFERENCES:

Please provide the name, address, phone number and email (if possible) of a person who is not related to you but who knows you fairly well.

\_\_\_\_\_

\_\_\_\_\_

Remember to have at least one of these individuals complete the Personal Reference Form in this packet.

### XI. INFORMATION AND PHOTO RELEASE

I attest that the information I have provided above is accurate, truthful, and up-to-date to the best of my knowledge. I, hereby give permission to DFW Canines for Veterans to use my name, city, and photographic image in its printed brochures, newsletters, videotapes, press releases,



and fund raising efforts. This permission continues until such time as I give DFW Canines for Veterans written notice rescinding said permission.



## Service Dog Application for Disabled Veteran

### “PTSD & Triggers” Checklist

*We understand this is hard, just be honest. This helps us understand your strengths and weaknesses for focus training.*

\_\_\_\_\_ Nightmares, flashbacks or vivid memories

\_\_\_\_\_ Feeling emotionally cut off from others

\_\_\_\_\_ Feeling like no one understands you

\_\_\_\_\_ Feeling numb, distant, lost interest in things

\_\_\_\_\_ Constant fear you're in danger

\_\_\_\_\_ Lots of anxiety, jittery needing to flee or fight

\_\_\_\_\_ Lack of sleeping, insomnia

\_\_\_\_\_ Not being able to focus on one thing

\_\_\_\_\_ Substance Abuse (This does NOT auto disqualify you; you are NOT alone!!!)

\_\_\_\_\_ Medical Marijuana (This does NOT disqualify you; you are NOT alone!!!)

\_\_\_\_\_ Smells - What smells \_\_\_\_\_

\_\_\_\_\_ Sounds - What sounds \_\_\_\_\_

\_\_\_\_\_ Lights - What lights \_\_\_\_\_

\_\_\_\_\_ Taste - What food \_\_\_\_\_

Anything else you would like to add? \_\_\_\_\_



## Service Dog Application for Disabled Veteran

### ***Acknowledgement , Terms & Conditions***

DFW Canines for Veterans/DFW Canines Rescue and Adoptions is a 501c3 non profit organization and relies on donations to place our service dogs. It takes a long time to search, train and place a service dog at a cost of \$20,000-\$30,000. Consequently, DFW Canines for Veterans has the best interest of our service dog in mind when placing that service dog with the applicant.

If the recipient is no longer able to care for the service dog, the recipient will contact DFW Canines for Veterans and arrangements will be made to have the dog returned to us at the recipient's expense. ***This applies only for dogs that WE have placed with you!***

Therefore, DFW Canines for Veterans reserves the right to deny any applicant at any stage of the process of our entire program.

We also reserve the right to remove a placed dog from a recipient for any reason at any given time. Additionally, if the recipient should pass away within the first three years of the service dogs placement, the service dog must be returned to DFW Canines for Veterans. ***This applies only for dogs that WE have placed with you!***

I/We, the above named person and/or persons, hereinafter referred to as “DFW Canines for Veterans” and its individual members, board members, and volunteers, jointly and severally, from all claims for personal injury and/or property damage to myself or others associated with this program.

We make every effort to evaluate each and every dog and train each dog to the best of our abilities. You are responsible for the upkeep of your training and socialization of your service dog including during and/or after graduation. If you need extra training please contact us ASAP to make arrangements for refresher trainings. DFW Canines for Veterans makes no explicit or implicit guarantees in reference to the health and/or temperament of the dog. The dog is placed "as is" and the recipient assumes all responsibility for treatment of any and all existing conditions. Or any other physical, medical or temperament changes that may occur in the future. DFW Canines for Veterans cannot guarantee the health of any animal and shall not be held responsible for any medical expenses which may be incurred, hereby expressly excluding any implied or express warranties of merchantability or fitness for any particular purpose, including, without limitation, any warranties regarding health, temperament.



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**OTHER USES:** This DOG will not be used for breeding, rituals, racing, fighting, and medical or experimentation purposes. It will be nothing other than Service Dog.

All dogs **MUST BE** spayed or neutered, microchipped and current on all vaccinations. **NO** dogs are permitted to breed unless they are in a specific and established breeding program for working dogs. Prior authorization **MUST** be given by DFW Canines for Veterans.

**TRANSFER OF OWNERSHIP:** The dog shall **NOT** be sold, given to, or adopted to anyone else, nor shall there be any transfer of ownership to any firm, corporation, or organization of other homeless animals, such as another rescue facility, or animal shelter without express permission from DFW Canines for Veterans.

Recipient will allow DFW Canines for Veterans sufficient time to arrange for a suitable accommodations for the dog. Recipient will inform DFW Canines for Veterans if the dog has any behavioral or medical conditions, which makes the dog unsuitable for Service Dog work. Return transportation is adopter's responsibility. If the dog becomes lost, recipient will notify DFW Canines for Veterans immediately.

Once application is received our board will meet and the approval process will begin, submitting an application is not a automatic approval. We will **NOT** process incomplete applications and missing paperwork.

If you already own a dog you would like us to evaluate, our trainer will meet with you to evaluate your dog providing it is within our preset guidelines. If the dog is not able to pass evaluation, at that time our Direct of Training will determine if we are able to provide you with a second dog. If a second dog is approved we will begin looking for a dog based on your disability and needs. This process takes time depending on your disability. Once our trainer has

selected a dog, you will be instructed to come pick up your dog. You are responsible for all veterinary care of your dog.



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***My Service Dog will always have his/her Service Dog harness and ID tags on at all times while the dog is working.***

This agreement releases **{DFW Canines for Veterans}** from all liability relating to injuries that may occur **{during any training, event, activity, on location, etc.}**. By signing this agreement, I agree to hold **{DFW Canines for Veterans}** entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I also acknowledge the risks involved in **{training service dogs in training or service dogs}**. These include but are not limited to **{any risks including dog bites, falling, damage and/or loss}**. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against **{DFW Canines for Veterans}** for any reason. In return, I will receive **{during service dog training}**. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, \_\_\_\_\_, fully understand and agree to the above terms

By signing this I hereby agree to above contract.

Print Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sign Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness : \_\_\_\_\_ Date: \_\_\_\_\_

Sign Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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### **MEDICAL REFERENCE FORM TO BE COMPLETED BY THE APPLICANT:**

I understand that information to be released may include medical information, diagnosis, drug abuse, alcohol abuse, psychological or psychiatric impairments, and/or other physical conditions. I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws and cannot be redisclosed without further written consent unless provided for by state and federal laws. I understand I may revoke this authorization at any time, except to the extent that action has already been taken. If not previously revoked, this consent will not expire from date of signature.

Print Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Sign Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness Relationship \_\_\_\_\_

Date: \_\_\_\_\_



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PERSONAL REFERENCE FORM TO BE COMPLETED PERSONAL REFERENCE: NON RELATIVE  
(Must be over 18 to complete)

Your name has been given as a personal reference by, \_\_\_\_\_  
who is applying to DFW Canines for Veterans 501c3 non profit org. for a service dog. It is important that we assess each applicant's needs carefully in an effort to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to [DFWCanineSd@gmail.com](mailto:DFWCanineSd@gmail.com) (questions? 682-304-4310).

Your first name: \_\_\_\_\_ Your last name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City/State/Zip

Relationship to applicant (e.g., friend, coworker): \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_

2. Describe, in detail, the applicant's personality (e.g., shy, outgoing, patient, impulsive, ect): \_\_\_\_\_

3. Is the applicant, a "dog person"? \_\_\_\_\_

4. Does the applicant have a dog now? \_\_\_\_\_

5. If so, how many? \_\_\_\_\_

6. Do you think that a service dog would improve the applicant's life?

If so, in what way? \_\_\_\_\_

7. How do you think a service dog would help the applicant mentally?

\_\_\_\_\_

8. What facilities does the applicant have for exercise and a dog's well-being?

9. Does the applicant have or have access to a fenced yard?

10. A service dog can be a big help, but comes with responsibilities. Will the applicant be able to care for the dog's needs (ex: exercise, play, quality pet food, vet care)?

11. If the applicant would need assistant with any of the above, do you know who would be available to help? \_\_\_\_\_

12. How does the applicant handle emotional challenges (e.g., anger, disappointments)

13. Does the applicant express bitterness and frustration toward his/her disability?

If so, how? \_\_\_\_\_

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14. Do you think the applicant's family and friends are supportive of the idea of having a service dog? \_\_\_\_\_

15. Who is the immediate support group of the applicant (i.e., spouse, partner, sister, close friend etc). \_\_\_\_\_

16. In your opinion, is the applicant well suited physically, emotionally, and mentally to work with and handle a dog? \_\_\_\_\_

17. Other comments:

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

Printed Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to fill this out for your friend. This information will remain private and confidential including to the veteran, if you send this to us directly. Or if you have any concerns or questions please call us. All information is kept private and confidential.

DFW Canines for Veterans  
682-304-4310  
[DFWCanineSD@gmail.com](mailto:DFWCanineSD@gmail.com)