



Providing Veterans with Service Animal Health Care

Jack Bodolosky  
Chairman of the Board

1. **Name:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

3. **Email:** \_\_\_\_\_

4. **Contact number(s):** \_\_\_\_\_

5. Veterinarian name: \_\_\_\_\_

6. Veterinarian number: \_\_\_\_\_

6. Service Animal Name: \_\_\_\_\_

7. Service Animal DOB and Sex: \_\_\_\_\_

8. Paperwork showing Certification: *Please attach*

9. Bio of Veteran and Service Dog: *Please attach*

10. Copy of DD 214: *Please attach*

11. Picture of Veteran and service animal together. *Please attach*

12. Verification page. *Please sign, have attached notarized and return.*



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## VERIFICATION

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Print Name

STATE OF TEXAS

COUNTY OF TRAVIS

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, who is personally known to me, and who, being first duly sworn, stated that, except for those answers which are based on information obtained from other persons, and except for those answers from which legal contentions are sought, each and all of the foregoing answers to interrogatories are true and correct.

SUBSCRIBED AND SWORN TO before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

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Notary Public, State of Texas