Great Dane Heroes Service Dog Program

Veteran Application for a Trained Service Dog Partnership

At Great Dane Heroes, we believe in the healing power of companionship. Our mission is to find, train, and place extraordinary Great Danes with U.S. Military Veterans whose lives can be transformed through service and connection. This intake form helps us understand your unique story and needs so we can build a partnership that honors your service and supports your well-being.

SECTION 1: Applicant Information

- Full Legal Name, Date of Birth, Gender, Height, Weight
- Mailing Address, City, State, ZIP
- Email Address, Phone Number, Emergency Contact (Name, Relationship, Phone)

SECTION 2: Military Service Verification

- Branch of Service, Rank, MOS, Dates of Service
- Type of Discharge (must be Honorable or General Under Honorable)
- Upload DD-214 and VA Disability Compensation Letter
- VA Rating Percentage and Disabilities

SECTION 3: Disability and Medical Information

- Primary Diagnosis (PTSD, TBI, MST, Mobility, etc.)
- Secondary Conditions (if applicable)
- Healthcare Provider Name, Facility, Contact Info
- Are you currently in therapy or counseling? (Y/N)
- Current Medications
- Provider Signature & Date

SECTION 4: Home & Lifestyle Environment

- Type of Residence (house, apartment, etc.)

- Do you rent or own? (Y/N)
- Is your landlord aware you intend to have a service dog? (Y/N)
- Describe household members (family, roommates, etc.)
- Are there other pets in the home? (list breed, temperament, age)
- Do you have a fenced yard or outdoor area for exercise? (Y/N)

SECTION 5: Experience and Readiness

- Have you owned or trained a dog before? (Y/N)
- Are you physically able to care for and handle a large dog? (Y/N)
- How many hours per day can you dedicate to working with a dog?
- Are you able to attend a 2-week in-person training? (Y/N)

SECTION 6: Service Dog Goals and Motivation

- Why do you want a service dog?
- What daily challenges would you like the dog to assist with?
- What tasks do you hope your dog will perform?
- Describe how a service dog could improve your independence or mental health.

SECTION 7: References

- Reference 1: Name, Relationship, Phone, Email
- Reference 2: Name, Relationship, Phone, Email

SECTION 8: Program Policies & Acknowledgments

- I understand this program provides trained Great Dane service dogs at no cost to qualified veterans.
- I agree to participate in training, evaluations, and follow-up sessions. • I acknowledge that providing false information may disqualify me from the program.

Applicant Signature: _____ Date: _____
Provider Signature: _____ Date: _____
Program Staff Signature: _____ Date: _____

SECTION 9: HIPAA and Records Release Authorization

I authorize my healthcare provider, Veterans Affairs, and associated entities to release medical and service-related information to Great Dane Heroes Service Dog Program for the purpose of determining eligibility and placement.
Signature: _____ Date: _____