



SERVICE DOG APPLICATION

Are you a combat veteran? Yes ☐ No ☐

Date of Birth: _____ Age: _____

Are you active military? Yes ☐ No ☐

Name: _____

Address: _____ Apt. _____

City: _____ State: _____ Zip code: _____

Home #: _____ Cell #: _____

E-Mail: _____

How did you hear about us? _____

HISTORY

How long have you lived at this address? _____

Do you have a fenced yard? Yes ☐ No ☐

How long have you served? _____

Are you married? Yes ☐ No ☐ Do you have children? Yes ☐ No ☐

If yes for children how many and how old? _____

Do your children live with you: Yes ☐ No ☐

Do you own a reliable vehicle? Yes ☐ No ☐

Do you have other pets in your home: Yes ☐ No ☐

If yes, specify: _____

PHYSICAL HISTORY

Are you visually impaired? Yes ☐ No ☐ Degree of sight loss: _____

Do you have any hearing loss? Yes ☐ No ☐ Degree of hearing loss: _____

Do you believe you suffer from PTSD? Yes ☐ No ☐

Do you work? Yes ☐ No ☐ If so, what is your occupation? _____

If yes, what is your work schedule? _____

Are you independent and confident to travel on your own? Yes ☐ No ☐

Can you describe your routine, please include travel: _____

Please describe any medical or physical limitations: _____

SERVICE DOG INFORMATION

Have you ever had a service or assistance dog? Yes ☐ No ☐

If yes, why do you no longer have the dog: _____

Who is your Veterinarian? _____

What is there contact information? Address and phone number: _____

Have you applied though any other organization for a Service dog? Yes ☐ No ☐

If so where? _____

Are you on a waiting list or were you denied? Yes ☐ No ☐

If you were denied do you have a letter of denial? Yes ☐ No ☐

If you do have a letter can you please provide it. _____ Initial if so.

Do you have a concealed gun permit? Yes ☐ No ☐

If so do you normally carry it? Yes ☐ No ☐

(Food for one dog is anywhere from \$40.00 to \$70.00 a month)/plus any veterinary care the dog will need.)

Are you financially able to take care of a dog? Yes ☐ No ☐

Service Peace Warriors requires that you initial and sign the following before sending us your application.

I have been clean and sober for at least 9 months prior to applying. _____

On an official letterhead provide doctor/or therapist referral. _____

I am under treatment for PTSD by a qualified professional. _____

If not active provide a copy of your DD214 indicating your Honor Discharge. _____

Provide proof of address. _____

Provide photos of home inside and outside. _____

Provide source of income. _____

Provide 3 letters of personal recommendations. _____

Must provide a Release of information (ROI) naming **Service Peace Warriors** as organization. _____

(ROI) form is provide below.

I understand that by completing this application **Service Peace Warriors** is not held liable or under any obligations. In this application, there are no right or wrong answers, but helps **Service Peace Warriors** to determine eligibility for the training of the dog. **Service Peace Warriors** does not discriminate against any applicant based on race, age, gender, religion, nationality or any other factor prohibited under local, state and federal laws. Applicant's that are denied may subsequently reapply to be reconsidered without prejudice.

Signature

Date

If you have anything else you think we should know that will help in placing a Service dog with you please feel free to write them down for us:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.