



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

