



# ***Service Animal Application***

## ***Wounded Warrior Canines***

***W11085 Riverside Rd.***

***Marion, WI 54950***

***Office: (715) 754-2539***

***Thank You!! So Much For Your Generosity!!!***

***Applicant: \_\_\_\_\_ D.O.B: \_\_\_\_\_***

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

***City \_\_\_\_\_***

***State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone#:( ) \_\_\_\_\_***

***Email: \_\_\_\_\_***

***Print: \_\_\_\_\_ Sign: \_\_\_\_\_***

### ***Household Information:***

***Number of Adults: \_\_\_\_\_ Ages: \_\_\_\_\_ Relationships: \_\_\_\_\_***

***Children: \_\_\_\_\_ Ages: \_\_\_\_\_***

***Allergies to Pets? \_\_\_\_\_ If Yes.. What kind Specific? \_\_\_\_\_***

***Any Fears of Dogs? \_\_\_\_\_ If Yes How Severe? \_\_\_\_\_***

***Rent or Own \_\_\_\_\_ Type of Dwelling: \_\_\_\_\_***

***Do you have a fenced in Yard? \_\_\_\_\_ Size and sq.ft.: \_\_\_\_\_***

***Are You Financially Prepared For the Ownership of a Service  
Animal? And any possible emergency Expenses (<+>\$2000) \_\_\_\_\_***

***Pet Ownership: Please List All Current Pets or Animals?(including  
Farm Animals)***

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\_\_\_\_\_

## **Service Animal Application**

***Describe your Ideal Service Animal:***

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***What Special Needs do you want your Service Animal to help you with?***

1. 

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2. 

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3. 

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4. 

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## **REFERENCES**

1. **Therapist: Name:** \_\_\_\_\_ **Yrs.** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

2. **DOD or VA Contact:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

3. **Relative:** \_\_\_\_\_ **Rel.** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

4. **Veterinarian:** \_\_\_\_\_ **Yrs.** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

5. **Person Reference:** \_\_\_\_\_ **yrs. known** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

