



K9 Therapy & Service Dog Application

Joint Task Force K9s requirements for K9 Therapy and Service Dog programs. Please note that JTFK9s do not provide seeing eye dogs or hearing dogs.

- A Completed application form.
- Letter of recommendation from your healthcare provider.
- Copy of your DD-214 or Law Enforcement equivalent
- Must be available for telephone and in-person interviews and home visit if to be awarded a Service dog.
- Must have Military or Law Enforcement honorable discharge or currently on active-duty status without any major disciplinary actions.
- Diagnose with PTS/PTSD, TBI, and/or Mobility issues determined to be service connected.
- Must have stable living conditions and the financial ability to provide care for a Service dog.
- No alcohol or substance abuse of any kind (self-medicating)
- No felony convictions, pending criminal charges, animal abuse convictions or current parole/probation.
- Must take part in all training events which consist of two weeks of total training to include a spouse or caregiver portion of training.

Note: This information is only seen by those processing travel expenses and validation purposes and will not be given to any 3rd parties. Your privacy is a top priority.

Contact Information – Please use same name and date of birth as on ID when flying and provide a mailing address for communication purposes.



7140 SC 707 PO Box# 31741

Myrtle Beach, SC 29588



JTFK9S@gmail.com



Applicant Information

Date of Birth

Applicant Name (First, Middle, Last, and Suffix)

Street Address

City, State, Zip

Home Phone

Cell Phone

Email

Emergency Contact Information

Name of Emergency Contact

Relationship

Cell Phone

Preferred Airport

Name of Airport



7140 SC 707 PO Box# 31741
Myrtle Beach, SC 29588



JTFK9S@gmail.com



Current Military or Law Enforcement

Status

Military or Law Enforcement Career

Brief Description of Military or Law Enforcement Career

Current Rank: _____

Dates of Service:
From _____ To _____

Type of Discharge: _____



PTS, TBI, and/or Mobility Issues

Brief Description of Issues

Prosthetic Devices

Do you have any prosthetic devices?

Yes _____ No _____

Type of prosthetic(s) used:



7140 SC 707 PO Box# 31741
Myrtle Beach, SC 29588



JTFK9S@gmail.com



Service-Connected PTS/PTSD and TBI

Have you been diagnosed with service-connected PTS/PTSD?

Yes _____ No _____

Have you been diagnosed with service-connected TBI?

Yes _____ No _____

Physical Limitations

Brief Description of Physical Limitations



7140 SC 707 PO Box# 31741
Myrtle Beach, SC 29588



JTFK9S@gmail.com



Food Allergies

Do you have any food allergies?

Yes _____ No _____

Type of allergies:

Provider Recommendations

Has any medical provider ever recommended to you K9 Therapy or Service Dog Programs?

Yes _____ No _____

What type of program(s)?





Therapy Program

Briefly Describe What Outcomes You Want from Our K9 Therapy Program

Service Dogs

Briefly Describe How a Service Dog Would Benefit You



7140 SC 707 PO Box# 31741
Myrtle Beach, SC 29588



JTFK9S@gmail.com