OPERATION K9 BEETHOVEN APPLICATION AND REQUIREMENTS.

The first step in applying for an emotional support dog from Operation K9 Beethoven is to fill out and submit the application. If you are unable to complete the online application, please contact Operation K9 Beethoven at 201-986-1111 and a paper copy can be sent to you.

Before submitting the application, please review the following eligibility requirements:

In addition to the application, we require the following documents: DD214, and a letter of recommendation from your Psychiatrist/Psychologist stating that you are under their care and that you would benefit from having an emotional support dog. You can email to: k9beethoven@yahoo.com

Applicants for an emotional support dog must be 21 years of age or older.

Applicants must reside within the New Jersey and Indianapolis, IN area.

Applicants must be legal, permanent U.S. residents.

Applicants must have an official PTSD diagnosis from a qualified and licensed mental health professional; be actively engaged in therapy for the PTSD diagnosis, for a minimum of one (1) year, and maintain compliance with therapeutic recommendations. Applicants must be compliant with all medical and mental health recommendations.

Applicants must present a verifiable medical need for an emotional support dog and understand that Operation K9

Beethoven may not be able to train a dog specific to their needs.

Applicants must be available and willing to communicate with Operation K9 Beethoven staff throughout the application and placement process.

Applicants must demonstrate proficiency in handling an emotional support dog at home and in a variety of public environments,

while managing the dog's safety, behavior, and working skills.

Applicants will be required to supply proof of financial resources sufficient for the care of an emotional support dog, including veterinarian care.

Applicants consent to Operation K9 Beethoven conducting an initial home study/inspection and follow-up home visits as we deem necessary.

By signing and submitting this application, you hereby acknowledge that you have completely read and fully understand Operation K9 Beethoven's policies and affirm that all questions were answered accurately, and truthfully. You acknowledge that you nor any member of your household has ever been convicted of Animal Cruelty, Animal Abuse, or neglect.

Applications are reviewed weekly. If the applicant meets Operation K9 Beethoven's selection criteria, you will be contacted by our staff to schedule a telephone interview.

Please note: Incomplete applications will not be processed.

Disclaimers

* Required

All applicants will be considered regardless of race, gender, religion, creed, sexual orientation, and ethnic origin.

Approved successor dog applicants have priority over first-time applicants.

Wait time for training and placement will vary depending on the specific needs of the applicant and dog availability.

Operation K9 Beethoven reserves the right to stop the application process, training, and placement process at any time.

1.	Email *			

APPLICATION REQUIREMENTS/PROCEDURES/DISCLAIMERS

2.	Have you read and agree to all Application Requirements/Procedures/Disclaimers?
	Mark only one oval.
	YES
	○ NO

OPERATION K9 BEETHOVEN APPLICATION

3.	FULL NAME: *
4.	ADDRESS: *
5.	CITY: *
6.	STATE: *
7.	ZIP: *
8.	DATE OF BIRTH: *
9.	CELL PHONE: *

10.	EMPLOYER AND NUMBER: IF THIS DOES NOT APPLY PLEASE TYPE N/A				
11.	HOW DID YOU HEAR ABOUT US? *				
12.	PLEASE PROVIDE US WITH TWO REFERENCES: NAME, PHONE, CITY AND STATE * (NOT FAMILY MEMBERS)				
	MILITARY SPECIFIC QUESTIONS:				

13.	WHAT BRANCH OF MILITARY DID YOU SERVE? IF NONE, PLEASE CHECK NONE *
	Mark only one oval.
	U.S. Army
	U.S. Marine Corps
	U.S. Navy
	U.S Air Force
	U.S Coast Guard
	NONE Skip to question 18
14.	DO YOU HAVE PTSD? *
	Mark only one oval.
	YES
	○ NO
15.	WHAT, IF ANY, IS YOUR TOTAL DISABILITY RATING WITH THE VA? *
16.	DO YOU HAVE A DD214? *
	Mark only one oval.
	YES
	◯ NO

17.	DO YOU SEE A PSYCHOLOGIST/PSYCHIATRIST? *	
	Mark only one oval.	
	YES	
	◯ NO	
	FIRST RESPONDER GENERAL QUESTIONS:	
18.	ARE YOU A FIRST RESPONDER, POLICE OFFICER, FIREMAN/WOMAN, EMS, OR MEDICAL PROFESSIONAL?	*
	Mark only one oval.	
	YES	
	NO Skip to question 22	
19.	ARE YOU CLINICALLY DIAGNOSED WITH PTSD, DEPRESSION, ANXIETY OR	*
	OTHER MENTAL HEALTH ISSUES? IF YES, PLEASE SPECIFY:	
20.	DO YOU SEE A PSYCHOLOGIST/PSYCHIATRIST? *	
	Mark only one oval.	
	YES	
	NO	

21.	**POLICE OFFICERS: PLEASE CALL US AT 201-986-1111 SO WE CAN DISCUSS OUR PROGRAM FURTHER WITH YOU. ANY AND ALL CONCERNS ARE UNWARRANTED AND WE ARE NOT ASSOCIATED WITH ANY GOVERNMENT AGENCY.
	GENERAL QUESTIONS:
22.	DATE YOU COULD BRING DOG HOME? *
23.	WHO IS THE DOG FOR? (SELF, FAMILY, DAUGHTER, WIFE, HUSBAND, SON, ETC) *
24.	ARE THERE CURRENTLY OTHER PETS IN YOUR HOME? * Mark only one oval. YES NO

25.	IF YES, PLEASE LIST ALL PETS/BREEDS, AGES *		
	THANK YOU FOR APPLYING FOR AN EMOTIONAL SUPPORT DOG	We will review your application and contact you as soon as possible.	
26.	SIGNATURE: typing your full name is con	sidered your digital signature *	
27.	DATE *		

Please note: You will not be eligible to receive an Emotional Support Dog (ESA) if you own one or more pets (dogs, cats, etc.) of any breed. We have created this policy to continue to help and protect our Veterans and rescue dogs.

Upon submission of this application, please submit copies of your DD214, and a Letter of Recommendation from your Psychiatrist/Psychologist stating that you are under their care and that you would benefit from having an Emotional Support Dog. Please submit additional documentation to:

Email: k9beethoven@yahoo.com

or mail to:

REQUIREMENTS AND SUBMISSION INFORMATION Operation K9 Beethoven PO Box 92 Rochelle Park, NJ 07662 Tel: 201-986-1111

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* *Currently serving New Jersey and Indianapolis, Indiana are

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