



Create an everlasting bond and a mutual respect

Please submit the information below.

1. You must complete pages 1 and 2 on the application. Be sure to sign.
2. A signed letter from your medical DR, psychiatrist, psychologist, or other licensed healthcare professional indicating a service animal would be beneficial for you. The letter must be 6 months from date of registration.
3. Proof of DD214 will be required to view at time of the interview.

Please email the completed application to : brett@vetservicedogsnfp.org and paul@vetservicedogsnfp.org .

If you decide to use the us mail the application can be sent to : V.E.T. Service Dogs NFP
8024 west Christie Lyons Il 60534.

THANK YOU FOR YOUR SERVICE

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell# _____ Email Address _____

Marital Status: Single__ Married__ Seperated__ Divoriced__ Widowed__

Date of Birth: (MM/DD/YY) _____ Age _____ Gender: M__ F__

Emergency contact:

_____ Relationship: _____ Phone# _____

How many people live in your household__

Name	Age	Relationship:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently working? Yes ___ No ___ Are you enrolled in College/ Trade School? Yes___ NO___

Is anyone listed above your caretaker? Yes___ NO___ If yes =. How often are they with you _____

Is anyone in the house hold allergic to dogs? Yes___ NO___ If yes please indicate:

Name	Age	Relationship
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_____	_____	_____
_____	_____	_____

Do you have pets? Yes ___ No ___ If so how many? ___ Dog ___ Cat ___ Other ___ Are they all up to date on shots?

Are they friendly with other dogs? Yes___ No ___ . If not how would you handle your current pet and service animal?: _____

DO you own or rent your home? Own___ Rent___ Type of Home: House ___ Apartment:___ Mobile:___ Other___

If you were to become hospitalized, who would care for your service dog? _____

Are you able to feed, walk, and groom the service animal? Yes___ NO___

Are you able to clearly verbalize commands to the service animal? Yes___ No ___ . If no please explain _____

Medical Information:

Have you been diagnosed with Post Traumatic Stress: Yes__ No:__. If yes please indicate (MM/DD/YY)_____

HAve you been diagnosed with Traumatic brain injury:Yes__ NO__ If yes please indicate (MM/DD/YY)_____

Name of the Medical Center/Physician that determined the diagnosis_____

Street:_____ City:_____ State:_____ Zip Code:_____

Harming yourself? Yes__ No __ If yes please explain:

Harming an animal? Yes__ No__ If yes please explain

Violence to others? Yes__ NO__ If yes please explain

Personal References: Please provide 3 names and contact #'s . One of which may not be a relative or someone living with you.

Name:_____ Phone#:_____

Name:_____ Phone#:_____

Name:_____ Phone#:_____

Military Service Information

Branch of Service_____

Entered Active Service Date (MM/DD/YY)_____ Discharge Date(MM/DD/YY)_____

Entered Active Service MOS:_____ Discharge MOS:_____

I hereby agree to the following statement:

V.E.T. Service Dogs Nfp has your authority and permission to contact any person you put down for reference.

Should a question arise pertaining to neglect of the animal V.E.T Service Dogs NFP has the right to validate such claim exist at any time a representative from V.E.T.Service Dogs NFP May remove the provided service dog from my possession.

I will not give up,transfer ownership or abandon the provided service dog. Should my living arrangements change in any way where I could not care for the service dog V.E.T.Service Dogs NFP will be immediately be notified. V.E.T Service Dogs NFP will assess the situation and see if some assistance can be offered, before taking possession of the service dog.

All information on this application is true and accurate. An incomplete application will not be reviewed until complete

Applicant Signature_____ Date_____

V.E.T. Service Dogs NFP

