

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