

Service Dogs 4 Servicemen, Inc.
Service Dog Application for Veterans (18 years or older)

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Home Phone Number: _____
Cell Phone: _____
Age: _____ DOB: _____
What type of dog do you want to apply for (circle)? Service Dog / Psychiatric Support Dog
Emergency Contact: _____ Phone Number: _____

Medical Information

Physician: _____
Address: _____
Phone Number: _____
Physical Therapist: _____ Phone: _____
Occupational Therapist: _____ Phone: _____
May we contact? Y / N

Diagnosis of Medical Condition

What is your primary diagnosis? _____

Do you have any other medical problems? (Please explain) _____

Please describe any limitations you experience in your everyday life: _____

Do you have any developmental delays or speech delays? _____

What type of medical equipment do you use on a daily basis? (ex: wheel chair, crutches, braces, hearing aids, ect.): _____

Do you have any safety measures that must be kept in place as a result of your diagnosis? Please explain: _____

Information About Your Home

What type of home do you have (apartment, condo, house, ect.)? _____

Do you own or rent your home? _____

Who else lives at your home?

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you have a fenced yard? Y / N

If No, where do you plan to exercise a dog? _____

What other animals live in your home?

Type (dog, cat, other): _____ Age: _____ Spayed/ Neutered? Y / N

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other): _____ Age: _____ Spayed/ Neutered? Y / N

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Do you currently have a veterinarian you use? Y / N

If yes, what is the name of your vet? _____

Name of Clinic/ Address: _____

Phone number: _____

May we contact your vet? Y / N

Employment/ School

Are you employed? Y / N

Name of Employer: _____

Address of Employer: _____

Phone Number: _____

How many hours do you work a day/ week: _____

Describe your normal activities at work: _____

May we contact your employer? Y / N

Do you attend school? Y / N

Name of School: _____

Address of School: _____

Phone Number: _____

How many hours are you at school a day? _____

Describe your normal activities at school: _____

Service Dog Information

Are you looking for a service dog or a psychiatric support dog? _____

Are you able to handle a dog on your own? Y / N

Can you feed a dog on your own? Y / N

Can you walk a dog on your own? Y / N

Can you groom a dog? Y / N

Can you verbally communicate with a dog? Y / N

Can you give hand signals to a dog? Y / N

If No to any of the above, who would help you with a dog? _____

Where do you plan to house a dog (in your home, outside, garage)? _____

Can you afford to take the dog to a yearly vet visit (\$200)? Y / N

Can you afford to groom a dog twice a year (\$50)? Y / N

Why do you want a service dog/ companion dog?

What tasks would you like the dog to help you with/ make you more independent?

Is there anything else you would like to add?

How did you hear about our organization?

By signing below I hereby acknowledge I have read the above terms and I understand that Service Dogs 4 Servicemen, Inc. reserves the right to deny service to an applicant for any reason including, but not limited to, failure to meet the established criteria for receiving a service dog or that require services that we are not able to train. SD4SM also reserves the right to remove a program service dog from a home at any time for mistreatment/ neglect or an inappropriate match.

I do hereby agree to hold free from any and all liability Service Dogs 4 Servicemen, Inc. and its members and officers. I declare myself to be physically sound to participate with the SD4SM organization. My family, members of my household and myself wave the rights and claims for damages and injuries, which may come from my connection and participation with SD4SM.

Signature of Applicant: _____ Date: _____

Please send completed applications to:
Sara Donadei-Blood
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