



## Veteran Application for Service Dog Training Program

### Contact Information

Veteran's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Emergency Contact Email Address \_\_\_\_\_

### Medical Information

Physician Name \_\_\_\_\_

Phone Number \_\_\_\_\_

May we contact your physician? (Please circle one.) Y / N

Do you have a diagnosis of Post-Traumatic Stress Disorder (PTSD)? Y / N

What is your primary disability diagnosis? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of medical equipment do you use on a daily basis? (Circle all that apply.)

Crutches    Braces    Hearing Aids    Wheelchair    Oxygen tank

Other: \_\_\_\_\_

## Home Information

What type of home do you live in? (Please circle one.)

Apartment    Condo            House            Other: \_\_\_\_\_

Do you own or rent your home? (Please circle one.)      Rent    Own

Do you have a fenced yard? (Please circle one.)            Yes    No

How do you plan to exercise a dog? \_\_\_\_\_

\_\_\_\_\_

How many hours a day would the dog be alone? \_\_\_\_\_ hours per day

Where would the dog be while you are away? \_\_\_\_\_

How often do you travel? \_\_\_\_\_

Would you take the dog with you? (Please circle one.)    Yes    No

List all of the people who live in the home with you:

● Name, Age \_\_\_\_\_

● Name, Age \_\_\_\_\_

● Name, Age \_\_\_\_\_

● Name, Age \_\_\_\_\_

Are any members of your household allergic to dogs? (Please circle one.)    Yes    No

If yes, how do you plan to address this? \_\_\_\_\_

What animals do you own?

Type	Age	Spayed/Neutered?	Medical Concerns	Inside or outside?

Do you currently have a veterinarian? (Please circle one.)      Yes    No

Name of veterinarian/clinic

\_\_\_\_\_

Clinic Address \_\_\_\_\_  
City/State \_\_\_\_\_ Phone \_\_\_\_\_

Note: We are required to contact your veterinarian for medical history to meet the standards for our certification with Assistance Dogs International (ADI).

### Employment Information

What is your primary source of income? \_\_\_\_\_

Are you employed? (Please circle one.)                      Yes    No

How many hours a day/week: \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone Number \_\_\_\_\_

Describe your normal work activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you attending school? (Please circle one.)                      Yes    No

Name of School \_\_\_\_\_

Name of Program \_\_\_\_\_

School's Address \_\_\_\_\_

School's Phone Number \_\_\_\_\_

How many days a week are you in school? \_\_\_\_\_ days a week

How many hours a day are you in school? \_\_\_\_\_ hours a day

Describe your normal school activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Canine Information

Do you **already** have a dog that you would like to train as a service dog? (Please circle one.)

Yes    No

If "yes", has the dog been evaluated by AVBF and passed our assessment?

(Please circle one.)

Yes    No

If you already have a dog you would like to train in our program, please complete the following section, regardless of whether or not AVBF has assessed it yet.



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-----  
Why do you want to train a service dog? \_\_\_\_\_  
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What tasks would you like the dog to do or help you with to make you more independent?  
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By signing below I hereby acknowledge that I have read the above terms and I understand that A Veteran's Best Friend 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 requires services that are not able to train.

A Veteran's Best Friend provides specialized PTSD training and education relating to training a PTSD service dog. We do not provide any mental health counseling. We highly recommend all Veterans with PTSD to utilize Veterans' Health Administration or a Vet Center.

I understand that if I can't complete the service dog program for whatever reason, the service dog is returned to A Veteran's Best Friend. A Veteran's Best Friend 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 the A Veteran's Best Friend and its members and officers. I declare myself to be physically sound to participate with the A Veteran's Best Friend organization. My family, members of my household, and myself waive the rights and claims for damages and injuries, which may come from a connection and participation with A Veteran's Best Friend.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

In addition to submitting this application, please mail the following to:  
A Veteran's Best Friend

PO Box 329  
Cabot, AR 72023

- Documentation verifying your diagnosis of Post-Traumatic Stress Disorder (PTSD) from the Department of Veterans Affairs (VA), Veteran Center, or your mental health provider. A VA compensation letter will suffice.
- A letter (or note) from a mental health care professional recommending a Service Dog to aid in your treatment or the mitigation of your disability
- Two character reference letters from non-relatives
- A letter of reference from your veterinarian stating your ability to care properly for a Service Dog (if applicable)
- A copy of your DD214

Once your application has been reviewed and approved, we will contact you by phone or email to arrange an in-home safety inspection and dog assessment, if applicable.

**FOR OFFICE USE ONLY**

Received Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Location: \_\_\_\_\_