



**Canines for Service**  
PO Box 12643 Wilmington, NC 28405  
Telephone: 910-362-8181  
[www.caninesforservice.org](http://www.caninesforservice.org)  
[information@caninesforservice.org](mailto:information@caninesforservice.org)

An Assistance Dogs International Accredited Organization

Dear Veteran,

**Please read this information carefully.** Thank you for your interest in Canines for Veterans! Canines for Veterans provides Veterans disabled serving our country with quality trained service dogs for mobility impairment, traumatic brain injury, and those with a clinical diagnosis of a psychiatric impairment such as post-traumatic stress disorder. Canines for Veterans does not provide service dogs to individuals who are legally blind or hearing impaired nor do we train a person's pet to be their service dog. Canines for Service is an Assistance Dogs International member organization. This is important to our Veterans for access into Veterans Administration facilities.

We serve Veterans from all conflicts/wars with service connected disabilities who have been honorably discharged. Before you apply, understand a service dog is an eight (8) to ten (10) or more year commitment. Please consider this obligation carefully when deciding to apply for a service dog.

The application is extensive and all elements are required. If you are applying primarily for PTSD support we must know about **any physical needs that you may have**. The decision to serve and match a service dog to meet your needs including mobility or balance is essential. The application helps Canines for Veterans make the best decision possible for the applicant and the service dog. Why is the video important? Canines for Veterans uses your video submitted with your application to:

- determine your eligibility for a service dog from our organization
- determine our ability to best serve you with a service dog
- determine the appropriate service dog match for you
- determine the skills the service dog will need to best serve you

To apply for a service dog from Canines for Veterans, the following **are required**:

- a) Completed Skills Questionnaire for Service Dog Placement
- b) Consent to Contact
- c) Veterinary Reference Form
- d) Two (2) personal reference names and addresses for Canines for Veterans to send a reference form to. These personal references **should not** be from immediate family members, but rather a minister, teacher, co-worker.
- e) Recent photo of the applicant
- f) **A video including audio of the applicant:** We request the submission be on CD, DVD or uploaded to DropBox **showing you in your home and community**. This video must **focus on you** moving around in your environment. Please show us you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.). **It is most important that we observe your mobility**. Please include a brief footage of your yard area.

#### **For Mobility Issues:**

**The video must demonstrate your functional abilities, be no longer than 15 minutes, and include:**

- Ambulation (with any adaptive equipment you use, i.e. canes, crutches, walker, wheelchair, etc).
- Transferring to/from bed, chair, wheelchair, etc.
- Sitting, standing, reclining
- Navigating doorways, ramps and stairs
- Getting in/out of vehicles
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (i.e. utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Demonstrate how you pick something up off the ground or floor (like a pencil or pen)
- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**
- Lastly, **briefly** show us any pets you may have, as well as your yard and the street you live on.

#### **For PTSD:**

**The video must tell us about the circumstances and situations that trigger your PTSD and be no longer than 15 minutes, and include:**

- **PTSD triggers** – tell us the type of circumstances and situations that seem to trigger your PTSD
- If you experience balance issues due to TBI, we must see the items listed above for mobility even if TBI is a secondary diagnosis. You do not need to tell us the circumstances leading to the diagnosis; however, we do need to understand the triggers.
- Demonstrate how you pick something up off the ground or floor (like a pencil or pen)



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- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**
- Lastly, **briefly** show us any pets you may have, as well as where you live.

Please send the complete application packet with the items listed above to:  
Canines for Veterans – Client Services Committee  
P.O. Box 12643, Wilmington NC 28405

Contact us at [information@caninesforservice.org](mailto:information@caninesforservice.org) to email your application and for a DropBox email to upload and share your video to.

Please note that Canines for Service verifies all military service by either the requirement for a copy of your DD214 submission or by using the online tool Servicemembers Civil Relief Act (SCRA) website.

Our Applicant Review Committee will screen your complete applicant packet to determine that you meet our applicant requirements and place your name on our waiting list. **The review process will take up to 12 weeks.** It is not possible to advise how long you may wait for a service dog from Canines for Veterans, however, most wait a year or less. Our waiting list is not time-based and we do not place dogs on a "first come, first serve" basis. The match of service dog skills to individual's needs and lifestyle is the critical factor in determining who receives the next available service dog.

At such time that we have a dog nearing completion of training that best matches your needs, we will contact you to arrange an individualized Team Training schedule in which you will learn how to handle and work with your service dog partner. The individual must travel to Charleston, SC for up to 10 days (generally 7 days) of Team Training. Canines for Veterans will make every effort to arrange for transportation working with partner organizations and to provide discounted hotel arrangements and assistance with meals. However, we cannot guarantee costs will be covered and may be the responsibility of the individual receiving the service dog.

Canines for Veterans does not charge a fee for the service dog, however, we estimate a service dog will cost the recipient at least \$75 to \$125 per month to maintain. Veterans may be eligible for benefits for their service dog through the Veterans Administration Prosthetics and Sensory Aid Division. Please check with your Veterans Administration.

Sincerely,

Client Services Committee  
Canines for Veteran

**SERVICE DOG APPLICATION – CANINES FOR VETERANS****APPLICANT INFORMATION**

Name (LAST, FIRST, MIDDLE Initial):		Maiden name:
Date of birth:	SSN:	
Home Phone:	Cell Phone:	
Email:	Preferred means of contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
Current address:		
City:	State:	ZIP Code:

**MILITARY SERVICE**

**A copy of DD-214 Member Copy is REQUIRED if discharged. If active duty or pending medical discharge Military service will be verified using <https://www.dmdc.osd.mil/appj/scra/>. Please ensure your start date of service is correct.**

Branch:		
Rank:	Type of Discharge:	
Dates of Service:	Start (MM/DD/YYYY):	End (MM/DD/YYYY):
Commanding Officer:		Telephone:
Are you eligible for re-deployment?		<input type="checkbox"/> YES <input type="checkbox"/> NO
In the last 12 months has a medical evaluation board found you fit or unfit for duty?	<input type="checkbox"/> FIT <input type="checkbox"/> UNFIT <input type="checkbox"/> NOT REVIEWED <input type="checkbox"/> PENDING	
Do you have a valid form of military identification card (CAC)? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, your Military ID will be needed during training if we provide a service dog to you.		

**SIGNIFICANT OTHER OR NEAREST RELATIVE**

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

**IF APPLICANT IS UNDER 18 YEARS OF AGE, COMPLETE THE FOLLOWING**

Parent or Legal Guardian Name:		Phone:
Address:	City:	State/Zip:

**APPLICANT SIGNATURE, BACKGROUND AND FINANCIAL VERIFICATION AUTHORIZATION**

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Canines for Veterans to obtain criminal background information and financial credit verification for the purposes of determining my ability to maintain and care for a service dog if provided from Canines for Veterans.

All information shall be used solely for the purpose of this transaction. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original. I understand that any information obtained by Canines for Veterans is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

**SIGNATURES**

Signature of Applicant:	Date:
Parent or Legal Guardian (only if applicant is under 18 yrs of age):	Date:

**SERVICE DOG APPLICATION – CANINES FOR VETERANS**

**MEDICAL INFORMATION**

If you are applying for a PTSD service dog and have physical limitations (back or neck issues, walking, knee issues, hips, etc) we must know what your physical needs are as well to match the best possible decision for your needs.

Primary Diagnosis:	Date of Onset or Diagnosis:
Secondary Diagnosis:	Date of Onset or Diagnosis:

Other Diagnosis:

If PTSD diagnosis **DOD or VA score/rating and submit a copy of the DOD/VA diagnosis (REQUIRED FOR APPLICATION):**

Is the diagnosis determined to be service related?  YES  NO

Please explain any physical limitations you experience, even if the physical limitations occur intermittently:

Medications:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you Right or Left Handed?  RIGHT  LEFT Which side would you prefer a service dog be taught to work from?  RIGHT  LEFT

Verbal Skills: On a scale of 1 (non-verbal) to 10 (fluent with clear enunciation) rate your quality of verbal communications  
 Non-verbal  1  2  3  4  5  6  7  8  9  10

Do you have difficulty getting in or out of bed?  YES  NO If yes, what side of the bed do you sleep on?

Do you have difficulty waking in the morning?  YES  NO If yes, what type of alarm clock do you use and what is the alarm tone?

Do you have difficulty getting dressed or undressed?  YES  NO If yes, what specifically (shirts, pants, shoes)?

**MEDICAL HISTORY**

Previous Medical History:  Stroke  Heart Disease  Hypertension  Diabetes  Cancer  Mental Illness

Please give additional information for items checked above:

Family Medical History:  Stroke  Heart Disease  Hypertension  Diabetes  Cancer  Mental Illness

Please give additional information for items checked above including family member with the history:

**ADAPTIVE EQUIPMENT USED**

Complete this section if you use any adaptive equipment (check all that apply) and indicate which equipment is your primary.

<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Power Wheelchair: Joy stick on <input type="checkbox"/> Right <input type="checkbox"/> Left	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Power 3-Wheel Cart (Scooter)	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Crutches: Specify Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary

**SERVICE DOG APPLICATION – CANINES FOR VETERANS**

<input type="checkbox"/> Braces: Specify Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Prosthesis: Specify Type:	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Cane Specify: Type and height at hand rest	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Walker: Specify Type	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary
<input type="checkbox"/> Other: Specify	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary

If you use multiple forms of adaptive equipment which is your preference for the dog to work off of? (cane-harness dog, wheelchair dog, or no adaptive equipment necessary) \_\_\_\_\_

**SYMPTOMOLOGY EXPERIENCED – COMPLETE THIS SECTION FOR PSYCHIATRIC ISSUES (PTSD)**

For each item on a scale of one (does not limit function) to 10 (fully limits daily function) answer each of the following:

	NA	1	2	3	4	5	6	7	8	9	10
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusive imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyper vigilance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Startle Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of being threatened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**MORALITY**

Have you been charged with any criminal offenses, INCLUDING traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of any crimes, INCLUDING traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a history of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a history of harming animals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever become so angry / frustrated that you have struck someone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a history of fighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever harmed yourself, i.e. cutting, burning, and hitting self?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>SOCIAL AND ATHLETIC ACTIVITIES</b>			
HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – WHAT ARE YOUR FUNCTIONAL LIMITATIONS? (Describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, etc.)			
How many hours a week do you spend outside the home doing some form of social activity?			
Do you participate in athletic activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, what athletic activities are you involved in?			
How many times a week and how long (number of hours) do you participate?			
Would there be any issues with the service dog accompanying you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>VOCATIONAL ISSUES</b>			
Are you presently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Full time or part time?	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time: Number of hours per week:	
Employer			
Describe your work environment (large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc?)			
If you are not employed, do you plan on becoming employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you receive support services such as Vocational Rehabilitation or Independent Living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you presently receive an income as a result of your disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, where from? (VA, SSI, former employer, insurance settlement)?			
How will a service dog enable you to perform your job more efficiently?			
<b>EDUCATIONAL ISSUES</b>			
Are you currently enrolled in school	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what grade:
Name of School / College / University			
Anticipated Date of Graduation	Degree:		
How do you get to/from school?			
Do you currently receive support services during school? (Classroom Aide, peer tutor, adapted materials)			
How will a service dog enable you to access your school environment more independently? (Open doors, retrieve items, physical support)			
<b>COMMUNITY ACCESS</b>			
Do you have daily access to transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, how do you get around?
Do you drive yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, who is your primary driver?
Do you have an adaptive vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, explain (hand controls, lifts)

List any problems you have concerning transportation or community access:			
<b>HOUSEHOLD</b>			
How many people live in your household (related or not)?			
Name	Age	Relationship to you	
Is anyone in the household allergic to dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
How does your spouse/significant other or roommate feel about the idea of a service dog living in the home?			
Are you and others aware the service dog may shed, is required to accompany you everywhere, may require additional grooming and may occasionally need to be picked up after, etc)			
If you as the recipient become ill or unable to perform such tasks <b>temporarily</b> , is your spouse willing to assist in the basic needs/care of the dog?			
<b>HOUSEHOLD PETS</b>			
Do you have any pets or do other household members have pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How many?
Pets Name	Breed and size	Age	
Does your dog(s) eliminate inside or outside of the house? If inside, explain.			
Veterinarian Name:		Telephone:	
Please submit the Veterinary Reference Form to your Veterinarian for completion. <b>If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time"</b>			
<b>HOME</b>			
Do you own or rent your home?	<input type="checkbox"/> Own <input type="checkbox"/> Rent		
Due to the requirements for service dogs to perform some commands (such as opening and closing drawers) are you willing to make modifications (such as replacing cabinet knobs with pull ropes) to furniture and appliances?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you rent your residence, will your landlord approve such modifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe your home and neighborhood (house, apartment, mobile home, size of yard, fenced or un-fenced, city, suburb, country, etc.)			
Type of fencing			
Is your home accessible to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable

What type of washer and dryer is in your home? (top load or front load)	Washer:	Dryer:
What type of model refrigerator is in your home?		
Do you have a phone land line at your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have traditional light switches in your home or dimmer switches?	<input type="checkbox"/> Traditional <input type="checkbox"/> Dimmer	
If traditional light switches are the switches single, double or triple panels?	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple	
Please describe modifications/adaptations presently available and note those needed but unavailable (wheel chair ramp, lifts, modified bathroom, raised counters, widened doorways, lowered light switches, alarms systems, etc.).		
What type of support is available to assist you with care of your service dog (feeding, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks both at home and at work or school?		
<b>MISCELLANEOUS</b>		
In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.		
In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary		
Will you be physically and financially able to attend Team Training in Wilmington, NC or Charleston, SC and spend 6-8 hours per day for up to 7 days in order to learn how to command a service dog to assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
During Team Training you are required to participate in training classes, outings to restaurants, stores, and other public areas. Are you able to participate in these activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain:
Please comment on any obstacles or issues to be addressed in order for you to attend Team Training:		
Do you have any experience training Service dogs or Recreational (sporting) dogs (hunting, dock diving, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever applied for a service dog from another organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of the organization and date of application:
Have you ever been denied a service dog by an organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of the organization and date of application:
Have you ever had a service dog removed from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you received services from organizations that provide service to wounded or injured Veterans?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:



Applicant's Name: \_\_\_\_\_

If Canines for veterans finds that you are a candidate for a service dog and you are approved THERE will be at least three specific times during training where full pictures (face included) will be **required**.

- 1) Initial meeting of the service dog and recipient. \_\_\_\_\_
- 2) For ID purposes with you and service dog. \_\_\_\_\_
- 3) Placement ceremony. \_\_\_\_\_

We apologize if this makes you uncomfortable, but this is one of the ways to promote the organization and receive funding and also for the trainers to remember their dog and their hard work. Please initial by each item above to confirm you have read and understand this requirement

**ADDITIONAL COMMENTS**

In your own words, please provide any additional information:

Attach an additional sheet if needed

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**CONSENT TO CONTACT**

I, \_\_\_\_\_, give consent for the health care professionals listed below  
 (Print full name)

to release to Canines for Veterans information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Canines for Service, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list the names, addresses and phone numbers of those who are applicable:

<b>Primary Doctor (Name):</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Home Health Care Assistant:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Physical Therapist:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Speech Therapist:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Occupational Therapist:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Recreational Therapist:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>Psychologist / Psychiatrist:</b>	Medical Facility:
Address/City/State/Zip:	Telephone:
<b>OTHER:</b>	Affiliation:
Address/City/State/Zip:	Telephone:
<b>Personal Reference:</b>	
Name:	Email:
Address/City/State/Zip:	Telephone:
Name:	Email:
Address/City/State/Zip:	Telephone:

**SERVICE DOG APPLICATION – CANINES FOR VETERANS**

**VETERINARY REFERENCE FORM**

**This form is ONLY necessary if there are currently household pets.**

The following individual is an applicant for a service dog trained by Canines for Veterans a non-profit program dedicated to enhancing the lives of people with disabilities through the use of specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. Should you have any questions regarding this matter, please feel free to contact us at (910) 362-8181. Thank you for your assistance in completing this form.

**Applicant:**

Veterinarian's Name:	Telephone:
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**Veterinarian Practice or Clinic Name:**

Address/City/State/Zip:

What species/breed and number of pets owned by this individual have you treated?	Dogs	Cats
	Birds	Other

How long have you been treating this individual's pets?

What type of treatment have you provided to this individual's pets?

Are this individual's pets' vaccination records presently up-to-date?  Yes  No

Do this individual's pets receive monthly heartworm preventative?  Yes  No

**Do this individual's pets receive regular flea/tick protection?**  Yes  No

Does this individual demonstrate evidence of responsible pet ownership?  Yes  No

To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal?  Yes  No

Do you recommend placement of a service dog in this individual's home?  Yes  No

Would you consider offering tax deductible discounted or donated Veterinary services for a service dog placed by Canines for Veterans?  Yes  No

Additional Comments:

**SIGNATURES**

Signature of Veterinarian:	Date:
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Please return the completed form to:

Canines for Veterans – Client Services Committee  
PO Box 12643  
Wilmington, NC 28405