



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

An Assistance Dogs International Accredited Organization

Dear Veteran,

***Please read this information carefully. Compliance with the application process is essential.***

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 documented clinical diagnosis of post-traumatic stress disorder. Canines for Service is an Assistance Dogs International member organization. We serve Veterans from all conflicts/wars with documented service-connected disabilities, whom have been honorably or medically discharged and have completed and graduated basic training, all MOS related schools of training and have been assigned to an operational unit.

Canines for Veterans does not provide service dogs to individuals who are legally blind, experience total hearing loss or serve other psychiatric areas, such as bi-polar disorder, multiple personalities or schizophrenia. We also do not train an individual's dog to be a service animal.

Before you apply, please understand a service dog is an eight to ten, or more, year commitment. It is important that you consider this obligation carefully when deciding to apply for a service dog. It is also imperative that members of the household are accepting of a service dog being in the home. The spouse, significant other, partner and/or care giver must be supportive of the Veteran having a service dog.

***Full disclosure and all information are required for your application to be considered for review.*** Canines for Veterans uses your application and video to determine your eligibility for a service dog from our organization, our ability to best serve you with a service dog, the appropriate service dog match for you and the skills the service dog will need to best serve you.

### **Required Application Items**

- **Completed Service Dog Application for Canines for Veterans.**
- A copy of the applicant's **DD214**. (Please note that Canines for Service verifies all military service).
- A copy of the applicant's **Veterans Administration Rating Decision Letter**. This form shows the percentage breakdown of each disability AND written explanation of why the percentage was assigned.
- **Completed Medical History Form** by each attending physician/mental health professional.
- **Veterinary Reference Form** if you currently have animals in the home.
- **Three personal references with full names, addresses and email.** These personal references ***should not*** be immediate family members or doctors/medical staff, but rather a friend, teacher, co-worker, etc. Reference forms will be sent from Canines for Service to the personal reference directly.
- **Spouse/Significant Other/Partner Form**
- **Videos** of the applicant AND spouse/significant other/partner (see next page for instructions)



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## **Video Requirement**

Along with the application items previously outlined, a video is required that includes audio of the applicant. We would like to see you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.).

### **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 a vehicle
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Demonstrate how you pick something up off the ground or floor (like a pencil or pen)
- Show any pets you may have and a brief tour of the inside of your home, your yard and the street you live on.
- Speaking – please tell us why you want/need a service dog, how you think a dog will assist you and your goals you would hope to achieve with a service dog. *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 adequate.*

### **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)
- Show any pets you may have and a brief tour of the inside of your home, your yard and the street you live on.
- Speaking – please tell us why you want/need a service dog, how you think a dog will assist you and your goals you would hope to achieve with a service dog. *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 adequate.*

### **For the Spouse, Significant Other, Partner and/or Caregiver:**

**On video, please tell us in your own words the following items:**

- Are you aware the Veteran has applied for a service dog from Canines for Service?
- Explain how you feel the Veteran will benefit from having a service dog.
- Explain if you feel you will benefit from your spouse, significant other, or partner having a service dog?
- Explain if you are supportive of the service dog accompanying the Veteran wherever he/she goes.



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## **Submission Instructions**

**Please email your application and supporting documents to [cvihlen@caninesforservice.org](mailto:cvihlen@caninesforservice.org)  
Please upload your videos to DropBox.**

To submit your video via Dropbox:

- Go to [www.dropbox.com](http://www.dropbox.com) and sign into your account or create a free account. If the video is on your phone, you may download the free Dropbox application.
- Upload the video to Dropbox (Their instructions will walk you through each step of uploading.)
- From Dropbox, you will select the file you would like to send and then select "Share link" from the Dropbox menu. Share the video with us to the email address [cvihlen@caninesforservice.org](mailto:cvihlen@caninesforservice.org).

If the application cannot be submitted electronically, you may mail the application and the videos on a jump-drive to: **Canines for Service, Client Services Committee, P.O. Box 12643, Wilmington NC 28405**

Once your complete application packet is received, our Client Services Committee will screen your application and contact you to schedule a **video interview (using Skype, Facetime or another tool)**. After completion of the interview, the application will be presented to the applicant review committee.

The review process can take up to 12 weeks. We will notify you once a decision has been reached. If you meet our applicant requirements and are approved, you will be added to our waiting list. 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. You will be required to travel to Wilmington, NC for a week 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.

Canines for Veterans does not charge a fee for the service dog however, we estimate a service dog will cost the recipient up to \$150 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 case manager for additional information.

We look forward to receiving your application and thank you for your service.

Sincerely,

Client Services Committee  
Canines for Veterans

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

Name (LAST, FIRST, MIDDLE Initial):		Preferred name:
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.**

Branch:		
Rank:	Type of Discharge:	
Dates of Service:	Start (MM/DD/YYYY):	End (MM/DD/YYYY):
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	

**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:

**[THIS AREA INTENTIONALLY BLANK]**

**APPLICANT SIGNATURE, BACKGROUND VERIFICATION AUTHORIZATION**

Name (LAST, FIRST, MIDDLE Initial):

Maiden name:

Date of birth (MM/DD/YYYY):

SSN (REQUIRED):

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.

Further, I authorize Canines for Veterans to discuss the status of my application with the 'Significant Other or Nearest Relative' I provided on page 1.

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.

Further I understand a video interview will be scheduled after the complete application packet has been received and initially review by Canines for Veterans.

**SIGNATURES**

Signature of Applicant:

Date:

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

Date:

**[THIS AREA INTENTIONALLY BLANK]**

**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:

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 (**required**): Provide in a separate list if necessary.

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?

How many hours of sleep do you get a night on average?  
 If you awake in the middle of the night, do you go back to sleep or not?

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:	<input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Mental Illness
Please give additional information for items checked above:	
Family Medical History:	<input type="checkbox"/> Stroke <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> 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
<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
Explanation of any of the above items:		

SOCIAL AND ATHLETIC ACTIVITIES		
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
VOCATIONAL		
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>EDUCATION</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, significant other, family member or caregiver 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 – List ALL Pets	Breed and size		Age
Does your dog(s) eliminate inside or outside of the house? If inside, explain.			
Are your pets on heartworm and flea/tick preventative?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
What type of training has your dog(s) received?	<input type="checkbox"/> Agility <input type="checkbox"/> Hunt <input type="checkbox"/> Basic Obedience <input type="checkbox"/> Rally <input type="checkbox"/> Barn Hunt <input type="checkbox"/> Schutzhund		
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 and what type of doors does it have?			
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 able to attend Team Training in Wilmington, NC and spend up to 10 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:

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

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:
<p>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 <b>required</b>.</p> <p>1) Initial meeting of the service dog and recipient. _____</p> <p>2) For ID purposes with you and service dog. _____</p> <p>3) Placement ceremony. _____</p> <p>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</p>		
<b>ADDITIONAL COMMENTS</b>		
<p>In your own words, please provide any additional information:</p> <p>Attach an additional sheet if needed</p>		

**CONSENT TO CONTACT**

I, \_\_\_\_\_, give consent for the personal contacts listed below  
 (Print full name)

to release to Canines for Veterans information relating to the length of time they have known me and information pertinent to applying for a service dog. 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: \_\_\_\_\_

**Personal Reference (NO FAMILY MEMBERS or NO MEDICAL PERSONAL; this includes spouse, domestic partners, in-laws, cousins, grandparents, uncles or aunts)**

Name:	Relationship:
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Address/City/State/Zip:
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Telephone:
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Email:
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Name:	Relationship:
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Address/City/State/Zip:
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Telephone:
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Email:
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Name:	Relationship:
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Address/City/State/Zip:
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Telephone:
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Email:
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**Medical History Form**

Please share with us the names of the medical providers we should expect to receive the Service Dog Applicant Medical History Form from.


## Service Dog Applicant Medical History Form

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### Instructions for Applicant

This form should be completed and signed by your physicians. **Please note, a medical history form needs to be completed by each of your current physicians and/or mental health providers (therapist, psychologist).** The completed forms should be mailed directly from the physicians to Canines for Service.

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### Information Release (To be completed by the applicant)

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

Dr. \_\_\_\_\_,

Please release the requested medical information in this form to Canines for Service/Canines for Veterans. This information will help determine my abilities in regards to the placement of a service dog.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

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### Physician Information

*(The remainder of the form to be completed by the physician)*

*The completed medical history form should be mailed by the physician to the below address at your earliest convenience.*

*Canines for Service, PO Box 12643, Wilmington, NC 28405*

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

Physician Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Patient Information

What is the patient's primary disability? \_\_\_\_\_

What is the prognosis of the disability? \_\_\_\_\_

Are there any secondary disabilities? Yes ☐ No ☐

If yes, please describe: \_\_\_\_\_

## Service Dog Applicant Medical History Form

Is the disability progressive? Yes ☐ No ☐

How long has the applicant been in treatment with you? \_\_\_\_\_

When was the last time you saw the applicant? \_\_\_\_\_

What are the effects of this patient's disability? (check all that apply)

Deafness <input type="checkbox"/>	Speech Impairment <input type="checkbox"/>	Reduced Stamina <input type="checkbox"/>
Hearing Loss <input type="checkbox"/>	Coordination Problems <input type="checkbox"/>	Limited Mobility <input type="checkbox"/>
Memory Loss <input type="checkbox"/>	Spasticity <input type="checkbox"/>	Delayed Development <input type="checkbox"/>
Vision Impairment <input type="checkbox"/>	Muscular Weakness <input type="checkbox"/>	Balance Issues <input type="checkbox"/>

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

Does this patient use any of the following aids or assistive devices? (check all that apply)

Prosthesis <input type="checkbox"/>	Wheelchair- Manual <input type="checkbox"/>	Wrist Brace <input type="checkbox"/>
Crutch <input type="checkbox"/>	Wheelchair- Power <input type="checkbox"/>	Leg Brace <input type="checkbox"/>
Cane <input type="checkbox"/>	Walker <input type="checkbox"/>	

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

Does this patient have any of the following psychological conditions or disorders? (check all that apply)

Agoraphobia <input type="checkbox"/>	Anxiety <input type="checkbox"/>	Bipolar <input type="checkbox"/>
Depression <input type="checkbox"/>	Obsessive Compulsive Disorder <input type="checkbox"/>	Panic Disorder <input type="checkbox"/>
Schizophrenia <input type="checkbox"/>	Post Traumatic Stress Disorder <input type="checkbox"/>	Social Phobia <input type="checkbox"/>

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

Does this patient have any of the following psychological conditions or disorders? (check all that apply)

Anger <input type="checkbox"/>	Apathy <input type="checkbox"/>	Crying <input type="checkbox"/>
Disorientation <input type="checkbox"/>	Fearfulness <input type="checkbox"/>	Forgetfulness <input type="checkbox"/>
Moodiness <input type="checkbox"/>	Insomnia/Difficulty Sleeping <input type="checkbox"/>	Nervousness <input type="checkbox"/>
Nightmares <input type="checkbox"/>	Panic <input type="checkbox"/>	Restlessness <input type="checkbox"/>

Sadness ☐ Social Withdrawal ☐

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

Is this patient a Veteran? Yes ☐ No ☐ If yes, is this patient's disability service connected? Yes ☐ No ☐

Has the patient expressed interest in a service dog to you? Yes ☐ No ☐

Can you recommend this individual for a service dog? Yes ☐ No ☐

Why do you feel the individual would or would not benefit from having a service dog? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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:

**Veterinarian Practice or Clinic Name:**

Address/City/State/Zip:

What species/breed and number of pets owned by this individual are **currently under** your care?

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?

Is the pet/pets deceased?

☐ Yes ☐ No

Explain:

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:

**Please return the completed form directly to: Canines for Veterans – Client Services Committee  
PO Box 12643, Wilmington, NC 28405**



**SERVICE DOG APPLICATION – CANINES FOR VETERANS****SPOUSE, SIGNIFICANT OTHER, Or PARTNER**

The following is required to be completed by the spouse, significant other, partner and/or caregiver. This is necessary to ensure all parties understand the commitment of the service dog for the Veteran and understand that the medical option of a service dog is desired by the Veteran. The information will assist our organization in assessing the suitability of the 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.

YOUR NAME:

Relationship to Applicant: ☐ Fiancé ☐ Parent ☐ Partner ☐ Sibling ☐ Significant Other ☐ Spouse

Contact Telephone Number:

Has the Veteran's desire to have a service dog been discussed with you by the Veteran applying?

☐ Yes ☐ No

Explain how you feel having a service dog will benefit the Veteran applying:

Describe how you think you will benefit from the Veteran having a service dog:

In the event the Veteran applying for the service dog cannot provide for his/her service dog (e.g. periods of hospitalization), are you able and willing to care for the service dog's needs? Explain:

The service dog will be with the Veteran 24 hours a day, 7 days a week and will accompany the Veteran wherever he/she goes. Please explain your support of the service dog and any concern you might have about a service dog being with you and the Veteran when in public:

## SERVICE DOG APPLICATION – CANINES FOR VETERANS

**SPOUSE, SIGNIFICANT OTHER, Or PARTNER  
(continued)**

The service dog is required to live in the house with the Veteran. What concerns, reservations or obstacles do you have about the service dog being in the home?

Canines for Veterans requires the spouse, significant other, partner and/or caregiver to attend the Team Training when the Veteran trains with and receives his/her service dog. What concerns, reservations or obstacles do you have about attending team training?

Name:

Date:

Signature:

**A video of *you* speaking to our organization is required in addition to the above questions being answered. Please express to us in the video your overall support and concerns for your spouse, significant other or partner applying for and receiving a service dog from Canines for Service. This video is required for the application to be complete.**