



Canines for Service
PO Box 12643 Wilmington, NC 28405
Telephone: 910-362-8181
www.caninesforservice.org
information@caninesforservice.org

An Assistance Dogs International Accredited Organization

Dear Applicant,

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

Thank you for your interest in Canines for Service! Canines for Service provides individuals with mobility related impairments with quality trained service dogs. Canines for Service is an Assistance Dogs International member organization.

Canines for Service 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 (8) to ten (10) 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 individual having a service dog.

The application is extensive and all elements are required. The applicant is required to submit a video. The spouse, significant other, partner and/or care giver ***is also required to speak with us on the video. Full disclosure and all information is required for your application to be considered for review.*** Specific information on video requirements are discussed later in this letter. Canines for Service uses your application and video 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 Service, the following application items are required:

- Submit a \$25 application fee.**
- Completed Service Dog Application for Canines for Service**
Complete information on your needs, specifically those related to mobility and balance are essential to ensure the right match is made if you are approved for a service dog.
- Completed Medical History Form** by each attending physician or medical or mental health professional. This form is required.
- Veterinary Reference Form** if you currently have animals in the home and if not should be submitted blank.
- Three (3) personal references with full names, addresses and email.** These personal references ***should not*** be immediate family members or doctors / medical staff, but rather a minister, teacher, co-worker. Complete and accurate reference information is required. Reference forms will be sent from Canines for Service to the personal reference directly; NO EXCEPTIONS.
- Spouse / Significant Other / Partner Form**

Please send the complete application packet with the items listed above by email to:
cvihlen@caninesforservice.org



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Video Requirement

Along with the application items previously outlined, a video is required that includes audio of the applicant. The video is 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.) so that we may observe your mobility. Please include *brief footage* of your yard area. Additional information about video content is listed below.

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 adequate.*
- Lastly, briefly show us any pets you may have, as well as your yard and the street you live on.

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 individual is applying for a service dog from Canines for Service?
- Explain how you feel the individual 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 individual wherever he/she goes.

The video can be uploaded to Dropbox with a link to the video sent to cvihlen@caninesforservice.org.

For your convenience, directions for using Dropbox have been provided below. To submit your video via Dropbox:

- Go to www.dropbox.com and sign into your account or create a free account if you do not already have one.
- 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.)
- Share the video with us to the email address cvihlen@caninesforservice.org.
- From Dropbox, you will select the file you would like to send and then select “Share link” from the Dropbox menu. Once you do, you can send the link to anyone over email, instant message or text message. The individual who clicks the link will get a preview of the file or folder on the Dropbox website. They'll also have the option to download a copy of the file.



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Your application will not be complete until the application, all supporting documents and video are received.

If the application is not 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 applicant packet to determine if we are able to serve you. The review process will 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. The wait list is at least 5 years.

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 up to 10 days (generally 7 days) of Team Training. Cost of travel, hotel and meals is the responsibility of the individual receiving the service dog.

Canines for Service does not charge a fee for the service dog, however, we estimate a service dog will cost the recipient up to \$125 per month to maintain.

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

Sincerely,

Client Service Committee
Canines for Service

Applicant's Name: _____

SERVICE DOG APPLICATION – CANINES FOR SERVICE			
APPLICANT INFORMATION			
Name (LAST, FIRST, MIDDLE Initial):			Maiden 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:
Were you in the Military and if so what branch:			
Rank:		Type of Discharge:	
Dates of Service:	Start (MM/DD/YYYY):		End (MM/DD/YYYY):
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

Name (LAST, FIRST, MIDDLE Initial):	Maiden name:
Date of birth (DD/MM/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 Service 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 Service.

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 Service 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:

[THIS AREA INTENTIONALLY BLANK]

MEDICAL INFORMATION		
Primary Diagnosis:		Date of Onset or Diagnosis:
Secondary Diagnosis:		Date of Onset or Diagnosis:
Other Diagnosis:		
Please explain any physical limitations you experience, even if the physical limitations occur intermittently:		
Medications:		
Height:		Weight:
Are you Right or Left Handed?	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	Which side would you prefer a service dog be taught to work from? <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
Verbal Skills: On a scale of 1 (non-verbal) to 10 (fluent with clear enunciation) rate your quality of verbal communications <input type="checkbox"/> Non-verbal <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
Do you have difficulty getting in or out of bed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what side of the bed do you sleep on?
Do you have difficulty waking in the morning?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> 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) _____		

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?

☐ Yes

☐ 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?

☐ Yes

☐ No

VOCATIONAL ISSUES

Are you presently employed?

☐ Yes

☐ No

Full time or part time?

☐ Full time

☐ 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?

☐ Yes

☐ No

Do you receive support services such as Vocational Rehabilitation or Independent Living?

☐ Yes

☐ No

Do you presently receive an income as a result of your disability?

☐ Yes

☐ No

If yes, where from? (VA, SSI, former employer, insurance settlement)?

How will a service dog enable you to perform your job more efficiently?

EDUCATIONAL ISSUES

Are you currently enrolled in school

☐ Yes

☐ 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)

COMMUNITY ACCESS			
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:			
HOUSEHOLD			
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 temporarily , is your spouse willing to assist in the basic needs/care of the dog?			
HOUSEHOLD PETS			
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.			
What type of training has your dog(s) received?	<input type="checkbox"/> Agility <input type="checkbox"/> Basic Obedience <input type="checkbox"/> Barn Hunt <input type="checkbox"/> Hunt <input type="checkbox"/> Rally <input type="checkbox"/> Schutzhund		
Veterinarian Name:	Telephone:		

Please submit the Veterinary Reference Form to your Veterinarian for completion. **If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time"**

HOME

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?			

MISCELLANEOUS

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 and spend 8-10 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:

Applicant's Name: _____

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 people with disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
<p>If Canines for Service 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.</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>		

ADDITIONAL COMMENTS	
<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 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: _____

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:

Telephone:

Email:

Name:	Relationship:
-------	---------------

Address/City/State/Zip:

Telephone:

Email:

Name:	Relationship:
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Address/City/State/Zip:

Telephone:

Email:

Service Dog Applicant Medical History Form

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, including physical or occupational therapist.** The completed forms should be mailed directly from the physicians to Canines for Service.

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): _____

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? _____

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 <input type="checkbox"/>	Social Withdrawal <input type="checkbox"/>	

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

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**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 individual and understand that the medical option of a service dog is desired by the individual. 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 individual's desire to have a service dog been discussed with you by the individual applying?

☐ Yes ☐ No

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

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

In the event the individual 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 individual 24 hours a day, 7 days a week and will accompany the individual 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 individual when in public:

SERVICE DOG APPLICATION

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

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

Canines for Services requires the spouse, significant other, partner and/or caregiver to attend the Team Training when the individual 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.