



**SERVICE DOG APPLICATION
FOR WOUNDED VETERANS**



We are only accepting applicants who reside in the State of Montana

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Sex: _____

Height: _____ Weight: _____

Marital Status: Married _____, Single _____, Separated _____, Divorced _____ BF/GF: _____

The highest level of education you have completed: _____

Spouse's Name: _____ Phone Number: _____

Personal References – **We also require two letters of reference to be included with application:**

Name: _____ Phone _____ Relation _____

Name: _____ Phone _____ Relation _____

Name: _____ Phone _____ Relation _____

Have you ever been arrested? Yes _____ No _____ If yes, for what; when; where; and what was the outcome: _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes: _____ No: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Occupation: _____

Spouse's Employers Name: _____

Spouse's Employers Phone: _____

MILITARY SERVICE INFORMATION

Branch of Service: _____

In what war or conflict(s) did you serve? _____

Years served: from _____ to _____ Current Rank _____

Status of Discharge Based on DD-214 (Circle One): Honorable Dishonorable Other

If dishonorable or other, please explain: _____

DISABILITY / MEDICAL INFORMATION

Have you been diagnosed with Post Traumatic Stress Disorder? _____

If yes, when and where was it diagnosed? _____

What Veterans hospitals have you been a patient? Were you an in- patient or out-patient, or both?

If yes, please list dates and treatments _____

Please list your disability(s) and limitation(s): _____

How long have you been disabled? _____

If diagnosed with PTSD do you receive regular counseling or participate in support groups? Yes No

If yes, please list any/all support groups or organizations you utilize, and frequency: _____

Do you require the assistance of an attendant? Yes _____ No _____

If yes, how often do you have an attendant? _____

What does your attendant do for you? _____

Is your attendant aware that you are applying for a service dog? Yes _____ No _____

MOBILITY & STRENGTH ASSESSMENT

What is your mobility level? _____

Have you experienced a spinal injury? _____

If yes, please list level of injury and details _____

What is your overall physical strength? Circle One: Average Below Average Above Average

Loss of arm strength: (Please check the level that you are generally at each day.)

Right Arm: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Left Arm: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Loss of fine motor skills in your hands:

Right Hand: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Left Hand: mild loss ____ moderate loss ____ severe loss ____ no loss ____

Do you have any vision loss that can NOT be corrected with glasses? Yes ____ No ____

If yes, explain: _____

Reaction Speed: Normal _____ Slightly Impaired _____

 Moderately Impaired _____ Severely Impaired _____

Endurance: High ____ No Limitations ____ Moderate ____ Mild _____

Balance: Normal ____ Mildly Impaired ____ Moderately Impaired ____ Severely impaired ____

Cold Sensitivity: Normal _____ Impaired _____

Heat Sensitivity: Normal _____ Impaired _____

Oral Speech: Clear _____ Distorted but understandable _____

 No speech at all _____

My speech is: High-pitched ____ Low-pitched ____ Normal: _____

DURABLE MEDICAL EQUIPMENT REQUIRED

Do you use a wheelchair? Yes ____ No ____ Manual ____ Electric ____

How much time do you spend in the wheelchair each day? _____

If your wheelchair is electric, where is the control panel located? _____

Do you have any other challenges in addition to your disability? Yes ____ No ____

If yes, explain: _____

Do you use any of the following devices: (Please check all that apply)

Walker: _____ Canadian Crutches: _____ Cane: _____ Regular Crutches: _____

Any other devices: (Please List) _____

Are you able to walk? (Slowly, short distances, etc.) Yes _____ No _____ Normally _____

If yes, but limited, please explain: _____

Are you able to perform everyday tasks such as?

Feeding yourself: Yes _____ No _____ Dressing yourself: Yes _____ No _____

Personal Hygiene: Yes _____ No _____ Maintain your own residence: Yes _____ No _____

Manage your own finances: Yes _____ No _____ Utilize outside services: Yes _____ No _____

If your answer was no to any of the above tasks, who does these things for you? _____

Are you, or is anyone, who lives with you, allergic to dogs: Yes _____ No _____

If yes, to what extent? _____

HOME ENVIRONMENT

Do you have any animals in your home currently? Yes _____ No _____

Please list all animals (name, age, type of animal, etc.): _____

Do you have any outdoor animals? Yes _____ No _____ How many? _____

What kind? _____

Do they ever come indoors? Yes _____ No _____ When? _____

How many people live in your household? Please list name, age, and relationship to you:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Do you plan to move in the near future: Yes _____ No _____ To Where? _____

Do you live in an: Apartment _____ Duplex _____ Mobile Home _____ House _____ Dorm _____

Other type of housing (please list) _____

If you rent, Landlord's Name: _____

Landlord's Address: _____

Landlord's Phone: _____

Do you have a yard? Yes _____ No _____ Is it fenced? Yes _____ No _____

Is your Landlord aware you are applying for a service dog? Yes _____ No _____

SERVICE DOG INFORMATION

Have you ever had a service dog from another agency? Yes _____ No _____

If yes, what was the name of the agency? _____

Address of the agency? _____

Phone number of the agency? _____

When did you receive this dog? _____

Where is the dog now? _____

How long did you have this dog? _____

If you've had more than one dog, were they from the same agency? Yes _____ No _____

Have you ever owned a pet dog? Yes _____ No _____ When _____

What breed of dog was it? _____

Will you be able to walk your service dog yourself? Yes _____ No _____

If not, whom will you arrange to walk and clean up after your dog? _____

Will you be able to feed the dog yourself? Yes _____ No _____

If not, who will feed the dog daily? _____

How many hours a day will your service dog be alone? _____

Explain: _____

How much will the dog travel with you? _____

Do you plan to take your service dog to work with you? Yes _____ No _____

Have you already discussed this with your employer? Yes _____ No _____

If yes, does your employer have any concerns about you bringing your service dog with you?

Yes _____ No _____

If yes, what is your employer concerned about? _____

Have you ever had a negative experience with a dog? Yes _____ No _____

If so, which breed/situation? _____

Is there any breed you would NOT want as a service dog? Yes _____ No _____

If yes, please explain: _____

Do you feel you have adequate knowledge of service dogs and what their care involves?

Yes _____ No _____ If no, are you willing to learn more about service dogs? Yes _____ No _____

Are you willing to accept full responsibility for your dog's health? Yes _____ No _____

Will you accept full responsibility for your dog's behavior? Yes _____ No _____

Do you have the facilities for regular exercise for the dog? Yes _____ No _____

Describe the Facilities: _____

How do the other people in your household feel about you getting a service dog? _____

How do your friends feel about you getting a dog? _____

How do you feel a service dog can help you? Please describe: _____

What tasks do you want your service dog to perform? Please list them in priority order:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What are your expectations for/of your service dog? _____

What is your primary goal you plan on achieving with your service dog? _____

The average food and veterinary expense for a service dog is \$500-1000 or more annually. Can you afford this expense? Yes _____ No _____

If not, please explain: _____

We appreciate your time. The more we know about you, the easier it is to choose a dog with the right qualifications to work best with you.

Date: _____ Signature: _____

DOCUMENTATION TO SUBMIT WITH APPLICATION

- ✓ VA Disability Rating Letter (Service-Connected Disability)
- ✓ DD-214
- ✓ Supporting documentation from physician or therapist showing diagnosis and/or recommendation for service dog
- ✓ Signed Release Forms
- ✓ Two Letters of Reference

OPTIONAL QUESTIONS

To assist us in fundraising, please answer the following questions. These questions are for statistical record keeping required by most grants. Your answers to these questions have no effect on your application whatsoever.

Are you familiar with American Disability Act? Yes _____ No _____

Are you on public assistance? Yes _____ No _____

If yes, what form(s) of assistance do you receive? _____

Are you a client of Vocational Rehabilitation? Yes _____ No _____

How did you hear about K9 Care Montana Service Dog program? _____

SIGNED CONSENT AND RELEASE FORM

Should I be accepted into the K9 Care Montana Service Dog program, I/we will be required to demonstrate aptitude, competency, and a commitment to follow K9 Care Montana education, standards and training. The undersigned agrees that if any of the standards of veterinary care, health, grooming, cleanliness, and housing are not met, or if the dog is repeatedly placed in danger or is receiving negligent care and/or treatment, K9 Care Montana has the absolute unequivocal right to permanently remove the dog from our possession with or without notice. The undersigned agree that in this case no compensation and/or refund of the sponsor's or recipient's contribution or associated placement costs will be returned. The undersigned agrees that if I am arrested, K9 Care Montana will be immediately notified and determination for care of the service dog will be made by K9 Care Montana, and K9CMT has the right to permanently remove the dog.

I/we understand that contributions are not payment for a service dog, nor a guarantee I will receive a service dog. While contributions may be given to K9 Care Montana on behalf of yourself or others, we understand those funds do not constitute a purchase. After we, the primary and secondary caregiver, have successfully completed educational training and made the required preparations to receive the service dog, K9 Care Montana service dog placement will proceed with the recipient and his or her family.

If at any time during the fundraising process, during team training, transitional phase or tether training, a K9 Care Montana representative determines the caregiver, caregiver's partner or family is unsuitable to continue placement the service dog, K9 Care Montana may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

If the recipient should pass away within the first three years of the service dog's placement, the service dog must be returned to K9 Care Montana within thirty days.

K9 Care Montana is fully committed to compliance with HIPAA guidelines (www.HHS.gov) and as such will provide appropriate security for our applicants PHA and protect the privacy of our applicant's medical information.

I/we also provide consent for K9 Care Montana to complete any necessary background check, including criminal, to determine my eligibility for acceptance into the program.

I/we aware K9 Care Montana may contact those persons listed as personal references on my application.

Date: _____ Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____ Applicant's Spouse/Caregiver Name: _____

Spouse/Caregiver Signature: _____

SIGNED MEDIA RELEASE FORM

I, _____ do hereby give my permission to K9 Care Montana Inc. to use any comments I make and any pictures or video tapes of me, both during training and after I receive my service dog, for publicity. The use of photos and videos is to enhance public education for service dogs, further promote K9 Care Montana, and assist with fundraising to help other wounded veterans. This permission continues until such time as I give written notice rescinding said permission.

Date: _____ Signature: _____

Printed Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____