



K9s ON THE FRONT LINE

Application Checklist

- Read and initial before completing and sending your application -

Name: _____

We need three separate documents from you in order to process your application:

1. This application form completed and signed
2. Copy of your DD214
3. Letter from your mental health provider that must state:
 - a. You are currently enrolled or will re-enroll in counseling for the duration of our program.
 - b. You have a diagnosis with military combat-related PTSD and/or TBI.
 - c. A service dog is recommended as part of your overall treatment plan.
 - d. You have given permission to your counselor to speak with us if needed.

Our program is offered at NO COST to Veterans, therefore you must be aware of and agree to the following:

(1) I am physically able to provide the necessary and adequate exercise for my dog.

Yes / No _____

(2) I am responsible for the care of my dog. This includes but is not limited to food and routine veterinary care. I will also enroll my service dog in mandatory canine health insurance (about \$35/mo); K9sOTFL will provide the information to enroll your dog.

Yes / No _____

(3) My living situation, work schedule and family members are agreeable to having a dog. Yes / No _____

(4) I am the handler of my future service dog. This means I will not delegate primary responsibilities including exercise, training or decision making to any other individual. Yes / No _____

(5) If you want an existing dog to train as your service dog we will require an evaluation from our K9 trainers. If your dog is not a suitable candidate, we will work with you to find one that is, provided you and your current dog are compatible with a new dog in your household. Please note – this is only done on a case by case basis and many factors will have to be taken into consideration. Yes / No _____

(6) Cats and dogs often don't get along. We strive to find dogs that tolerate cats, however these are animals and no guarantee can be given. If you have cat(s) and conflict arises between future service dog and existing cat(s), the cat(s) need to be re-homed. Yes / No _____

(7) Our program involves meeting once a week for two training hours, at an agreed upon day, time and location, for 16 consecutive weeks. During that time, you are expected to train with your dog at home for a minimum of two hours a day, every day, and you must keep a log our trainers will provide you with. Yes / No _____

(8) You cannot miss ANY of the 16 weekly, supervised classes. In case of family event, personal emergency or short term illness you will need to schedule a make-up class with our trainers. K9sOTFL will cover the cost for ONE make-up class. Additional make-up classes are your financial responsibility (\$75/hr). Yes / No _____

(9) Once accepted into our program you will work with us and our K9 trainers to select a suitable service dog candidate. At this time, you will take full ownership of and complete responsibility for that dog. Yes / No _____

(10) Our program is provided to you by our generous donors AT NO COST. We also ensure that you are given every opportunity to succeed. If you fail to successfully complete the program due to not following instructions, not putting in the work required, or by simply giving up, this life changing opportunity will have been taken from a fellow Veteran in need. Are you fully committing to the requirements of our program? Yes / No _____

Name: _____ Signature: _____ Date: _____



K9s ON THE FRONT LINE

Service Dog Application

Full Name:

Date of Birth:

Mailing Address:

E-mail:

Phone Number:

Best means and time to contact you:

Where did you hear about us?

Questionnaire

1. Are you a military Veteran? Y N
2. Have you been diagnosed with PTSD and/or TBI? Y N
3. Is your condition military service related? Y N
4. Describe your living situation, i.e. house, apartment, yard, surroundings:

5. Are you working? If yes, briefly describe what you do and your hours:

6. Do you currently own a dog? Y N

*If yes, do you want to train your dog as a service dog? Y N

*If yes, what breed, age and size of dog do you have:

*If no, what kind of dog (breed, size) do you envision having:

7. Who else is living with you:

8. Any children (provide ages): Y N

9. What other animals/pets are in your household (describe)?

10. Other than PTSD and/or TBI, are there any other physical or mental health issues and/or limitations we should know about?

11. A future service dog will be trained to support you through a special bond you will be forming with your canine partner. Are there specific tasks you would want a service dog to perform for you? If yes, please specify:

12. Do you have any other special requirements? If yes, please specify:

I have read all of the above, and I agree with the conditions of the program.

Signature and Date

Please mail this application, a copy of your DD214 and the letter from your counselor to:

K9s on The Front Line
PO Box 8823
Portland, Maine
04104

A member of our team will contact you once we have received and reviewed your complete application package. If you have any additional questions, call **(855) 597-6835** or email us at: info@k9sonthefrontline.org