



COMPANION DOG Application and Checklist

- Read and initial before completing and sending your application -

Name: _____

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

1. This application form and checklist completed and signed (all four pages)
2. Copy of your DD214
3. Letter from your physician attesting PTSD and/or TBI related to service in a military conflict zone.

Our program is offered at NO COST to you. Be aware of and agree to the following:

- (1) I understand that the companion dog program is designed for Veterans who currently do NOT have a dog. Yes / No _____
- (2) I am physically able to provide the necessary and adequate exercise for my dog. Yes / No _____
- (3) I will take full ownership of and complete responsibility for my dog and will enroll in canine health insurance (about \$35/month); K9sOTFL will provide the information to enroll your dog. Yes / No _____
- (4) My living situation, schedule and family members are agreeable to having a dog. Yes / No _____
- (5) I will not delegate primary responsibilities including exercise, training or decision making to any other individual. Yes / No _____

(6) I will accept the recommendation for what size, breed, type and temperament of dog is most suitable for my individual situation. Yes / No _____

(7) Cats, other animals and dogs sometimes don't get along. If conflict arises between your future dog and existing animals, the existing animals need to be re-homed. Yes / No _____

(8) Our program meets once a week for two training hours, at an agreed upon day, time and location, for an average of 8 consecutive weeks. During that time, you need to train with your dog at home at least two hours every day, and keep a training log. Yes / No _____

(9) You cannot miss ANY of the weekly classes. In case of personal event or short term illness you need to schedule a make-up class with our trainers. Any make-up classes become your financial responsibility. Yes / No _____

(10) Our program is provided to you AT NO COST. You will be given every opportunity to succeed. Failing the program due to not following instructions, not putting in the work, or giving up will result in another Veteran not getting this opportunity. Are you fully committing to the requirements of our program? Yes / No _____

(11) No weapons of any kind, alcohol or drugs are allowed during training sessions. Yes / No _____

Name: _____ Signature: _____ Date: _____



**Companion Dog
Application**

Full Name: _____ **Date of Birth:** _____

Address: _____

E-mail: _____ **Phone:** _____

Best way and time to contact you:

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 related to service in a military conflict zone? 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. Who else is living with you:

7. Any children (provide ages): Y N

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

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

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

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

Full Name

Signature

Date

Please mail this checklist and application (all four pages!) and a copy of your DD214 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