



SERVICE DOG Application and 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 and checklist (all five pages) 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 been diagnosed with PTSD and/or TBI related to service in combat or in a military conflict zone.
 - 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 you. 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 my dog's well-being and care and will enroll in canine health insurance (about \$35/month); K9sOTFL will provide the information to enroll your dog. Yes / No _____

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

(4) I will not delegate primary responsibilities including exercise, training or decision making to any other individual. Yes / No _____

(5) Training an existing dog as your service dog requires evaluation by our K9 trainers. If your dog is not a suitable candidate, we will work with you to find one that is, provided your existing dog is compatible with a new dog in your household. This is done on a case by case basis and many factors will have to be taken into consideration. Yes / No _____

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

(7) Our program meets once a week for two training hours, at an agreed upon day, time and location, for an average of 24 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 _____

(8) 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. We cover the cost for ONE make-up class. Additional make-up classes become your financial responsibility Yes / No _____

(9) You will work with us and our K9 trainers to select a suitable service dog candidate. You will take full ownership of and complete responsibility for that dog. 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) I agree to a criminal background check prior to enrollment in our program. Any prior or pending charges and convictions will be discussed on a case-by-case basis. Yes / No _____

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

Name: _____ Signature: _____ Date: _____



Service 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. 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 understand and agree with the outlined conditions of the program.

Full Name

Signature

Date

Please mail this checklist and application (all five pages!), 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