



Canine Companions, LTD

Service Dog for Veterans with PTSD Application

Applicant Name		Date of Birth
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Type	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Household Information

- How many people reside in the home? _____ Please list name, age, and relationship below

- Are there any other animals in the home? If yes, please list type, breed, spayed/neutered, indoor/outdoor, exposed to dogs and reaction.

- Where would the dog be while you are away?

- How many hours a day will the dog be alone (typically)? _____

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Applicant Information

How would you describe your lifestyle and personality? Please list strengths and challenges.

*Knowing this information will better enable Canine Companions, LTD to pair the applicant with a service dog and learn how to best work with the applicant during training activities.

Diagnosis: _____

Types of Services the Dog Needs to Perform:

Below is a list of documents we will need to process your application

➤ Prescription and letter of medical necessity. Information required listed below.

<ul style="list-style-type: none">• Diagnosis• Patient name• Age and gender• Last exam date	<ul style="list-style-type: none">• Physician name• Title• Clinic/Hospital• Phone number
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➤ Employment/Income Verification*

- This should include last 60 days of check stubs and bank statements or
- Pay history for any child support received, Disability payments, Retirement, or “other” income
- DD214 or Letter from VA showing Veteran Status

*The purpose of this information is to determine that the home in which the dog will be residing is financially capable of providing for the need of the service dog. If your plan to afford this care includes receiving help from a friend or family member, please provide a handwritten letter, signed, and dated with contact information that explains the help they will provide.

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I, _____, hereby attest that the information provided in this application is true and accurate to the best of my knowledge. In the event that the information provided is found to be untrue, Canine Companions, LTD has the right to demand that the service dog provided be returned to Canine Companions, LTD. I understand that Canine Companions, LTD requires that a home interview take place to ensure the safety and wellbeing of the service dog. During this interview, I agree to remain truthful in displaying lifestyle and living arrangements so that Canine Companions, LTD staff can accurately determine placement.

Applicant Signature

Date

Applicant Printed Name

Please submit application and all required documents to staff@caninecompanionsltd.org

