

Veterans Application for a CSD/Service Dog

Please print legibly

Name: _____
 First Last

Address: _____
 Street Address
_____, _____
 City State Zip

Phone: _____
 Home Cell

Email Address: _____

Medical Diagnosis: PTSD _____ Traumatic Brain Injury _____
 Depression _____ Anxiety _____ Other _____

If other, explain:

Name of Case Manager or Doctor: _____
Case Manager or Doctors Phone: _____

Branch of Service: Army Air Force Navy Marines Coast Guard Reserves
Service Dates: Entered: _____ Discharged: _____
Type of discharge: _____

- I have my own dog that I would like trained as a Service Dog.
 Breed: _____ Age: _____
- I am in need of a dog to be trained as a Service Dog:
- I am in need of a Companion Support Dog.

Please describe your perfect companion pet (including behaviors, i.e. energetic, playful, lap dog, lazy, etc.)

Are you capable of caring for a CSD/Service Dog? Yes No
(Exercising, walking, feeding, playing, grooming, training, etc.)

Are you willing and able to pay for future medical needs for your CSD/Service Dog?
Yes No

Under what conditions would you **NOT** want or keep your CSD/Service Dog?

Family Information: Relationship and age of all who reside with you.

Name & Relation	Age
_____	_____
_____	_____
_____	_____
_____	_____

Housing Information:

What type of home do you live in? House Apt. Townhouse Other

If other, explain: _____

Does your home have a fenced in yard? Yes No N/A

Do you currently have any other pets? Yes No

If yes, how many: _____, what type _____

Are all shots up to date: _____

Are pets on Heartworm prevention meds: _____

Veterinarian name: _____ Ph: _____

Along with your application, you need to include the following:

Copy of your DD214 and Letter of diagnosis with doctor's recommendation for a Service Dog

These may be submitted as attachments and emailed to: Paws4AWarrior@brmemc.net or
mail to: **Paws 4A Warrior, 262 Ed Moore Rd, Hayesville, NC 28904**

All information will be kept confidential, and viewed only by the selection committee.

If accepted, are you able and willing to attend training classes? _____

Signature: _____ Date: _____