



# GUARDIAN SERVICE DOGS

## Service Dog Training Application

**Applicants Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (SSN is required for background check purposes, applications missing SSN will be rejected) **Emergency Contact:** \_\_\_\_\_

*If Disabled Handler is a Minor:* **Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Dog's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Dog's Birthday: (month and year):** \_\_\_\_/\_\_\_\_/20\_\_\_\_ **Adopted From:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone 1:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Phone 2:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Facebook:** \_\_\_\_\_ **Dropbox:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Military Status:**(circle one) **Active Duty** **Retired** **Medically Retired** **Medically Discharged** **Separation Status:** \_\_\_\_\_

**If Active Duty:** You will need to provide a letter of authorization from your commander if you will not be separated in the next 3 months.

**Civilian/No Military Service** \_\_\_\_\_ **Military Dependent:** \_\_\_\_\_ **Sponsors Name:** \_\_\_\_\_

**Are you currently Employed or looking for employment:** Yes No **If Yes Where:** \_\_\_\_\_ **Duties** \_\_\_\_\_

**Are you currently enrolled in school or plan to enroll in school?** Yes No

**Medical recommendation: (if yes attach)** Yes No **Disability Rating (provide verification letter(s):** **Military:** \_\_\_\_\_ **VA:** \_\_\_\_\_

**Summary of Disabilities (include symptoms and triggers):** \_\_\_\_\_

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**Do You take Daily Medications?** Yes No **Do you use adaptive equipment? (if yes list types)** \_\_\_\_\_

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**Story of Service (about you, when and why you joined the Military, Military Occupational Specialty, Deployments, Awards received, Circumstances surrounding separation from military (please attach DD214, if awards are not listed on DD214 please provide supporting documentation):**

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**Please describe your combat-related injuries(include dates, how they occurred and how they have impacted your life)**

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**If disabilities are non-military related: Please describe your disabilities (include dates, how they occurred and how they have impacted your life)**

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What tasks would you like to have your service dog assist you with?

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How do your disabilities affect your life and how will a service dog improve your quality of life?

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Can you financially, physically and emotionally care for the daily needs of a service dog? (Feeding, daily exercise, daily training requirements, Veterinary care, etc.)

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Do you have someone to help you with care of the dog in the event you are medically unable?

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Guardian Service Dogs offers financial assistance and scholarship programs to clients when available. Will you will be applying for financial aid or scholarships. Yes No If yes continue: If no, skip to References

Explain what receiving this assistance/scholarship would mean to you and/or you and your family:

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What is your income vs. expenses monthly? (please provide proof)

Total Income: \$ \_\_\_\_\_ VA Disability: \$ \_\_\_\_\_ SSDI: \$ \_\_\_\_\_ SSI: \$ \_\_\_\_\_ Employment: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Service Dog Care: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_

*Please remember that having any dog is a serious personal commitment. Having a service dog also carries a financial responsibility, we estimate that this responsibility is near \$1000 per year. This dollar amount takes into account veterinary expenses, food, and preventative medications. Based on this information, are you now and will you continue to be financially able to support your service dog? YES NO*

List 2(two) references we may contact: (If non-military- include 1 Personal and 1 Professional reference)

Military reference- someone you served in combat with, preferably your first line Supervisor, (list this persons Rank, your Deployment Location, was the person present for any of your injuries that resulted in your disability and/or Military awards.

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Personal reference- not immediate family or person currently living with you. Include how you know this person and how long.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there Pets in the home? (if yes, list species, age for each pet) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Guardian Service Dogs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Consent for Release of Information**

I, \_\_\_\_\_, give consent for the individuals listed below to release to Guardian Service Dogs, information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside of Guardian Service Dogs, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Please list the names, addresses, and phone numbers of those who are applicable:

Referring Physician: (professional that recommends a service dog for you) \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mental Health Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Initials: \_\_\_\_ I understand that Guardian Service Dogs is NOT a medical treatment facility, hospital, mental health facility, or any other variant of the previously listed. While the use of a service dog may alleviate symptoms related to a wide range of disabilities through related tasks (we encourage you to do your research), Guardian Service Dogs is ONLY an organization that provides certified service dog training and training related to how to use a service dog, we do not provide any healthcare whatsoever.

Initials: \_\_\_\_ Guardian Service Dogs does not staff medical professionals of any kind. In the event of an emergency while in training, emergency medical services (911) will be called, and you are responsible for any financial costs related to that.

Initials: \_\_\_\_ I acknowledge that Guardian Service Dogs is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act ("HIPPA") and/or other state or federal privacy laws. Though these laws do not apply to Guardian Service Dogs, I understand that Guardian Service Dogs will make reasonable efforts to keep the contents of this application, any supporting documentation, and/or any information discovered during Guardian Service Dogs verification process confidential and will not share such information outside of Guardian Service Dogs without my written consent.

Initials: \_\_\_\_ I acknowledge having a service dog is a great commitment. A service dog is NOT a pet, and as such requires a great deal of additional time, effort, and energy. Your signature verifies you are willing, able and prepared to take on this added responsibility

Initials: \_\_\_\_ If I am chosen to be a recipient of financial aid or a scholarship I will adhere to the requirements of the training program and scholarship.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If handler is a minor (Under 18)

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_