

VETERAN SERVICE DOG APPLICATION



PART ONE

Date _____

First Name _____ MI _____ Last Name _____

Date of Birth _____ Age _____ Height _____ Weight _____ Gender: _____

Address _____

Street City State Zip

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ E-mail _____

Name of Nearest Relative _____ Relationship _____

Address of Relative

Street City State Zip

Relative's Home Phone Number _____ Work Phone _____

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words.

Name _____ Relationship _____

How did you learn about the Veteran Service Dog Program?

Race/Ethnicity: White Black Hispanic/Latino Asian Other

Do you have a disability? _____

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Military Experience:

What branch of service were you in? _____

What were your service dates? _____

Are you active or Retired? _____

Did you deploy? _____

 If yes, what were the dates of your deployments? _____

If so, where? _____

What was your job in the service? _____

What was your rank upon discharge? _____

What was the status of your discharge? _____

Are you currently receiving VA disability? _____

 If yes, what is your rating and how much compensation do you get monthly?

Is the VA your primary healthcare? If not, what is your primary source of healthcare?

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PART TWO

What is your disability? _____

Please describe any limitations related to your disability and how a service animal can assist you: _____

How long have you had a disability?

Please list the dates and reason for any hospitalization below:

Please indicate the devices that you use: Wheelchair: manual power both
Crutches Cane 3-wheel electric scooter Sip and puff
Other _____

Which do you use most often? _____

Do you drive? _____ Take a bus? _____ Cab? _____ Other? _____

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Describe your physical strengths and abilities. (Circle one number for each limb.)

Left:	No Use	→	→	→	→	→	→	→	→	Full Use
Hand Strength	1	2	3	4	5	6	7	8	9	10
Dexterity	1	2	3	4	5	6	7	8	9	10
Arm Strength	1	2	3	4	5	6	7	8	9	10
Upper-Body Strength	1	2	3	4	5	6	7	8	9	10
Leg Strength	1	2	3	4	5	6	7	8	9	10
Leg Control	1	2	3	4	5	6	7	8	9	10

Right:	No Use	→	→	→	→	→	→	→	→	Full Use
Hand Strength	1	2	3	4	5	6	7	8	9	10
Dexterity	1	2	3	4	5	6	7	8	9	10
Arm Strength	1	2	3	4	5	6	7	8	9	10
Upper-Body Strength	1	2	3	4	5	6	7	8	9	10
Leg Strength	1	2	3	4	5	6	7	8	9	10
Leg Control	1	2	3	4	5	6	7	8	9	10

Please rate: (On a scale of 1=Poor – to – 10=Normal)

Your Speech? _____ Easily understood _____ Tone variation _____ Volume

Your Vision? _____ Do you use corrective lens? Yes No

Do you need? Large font Audio tape Note taker Other _____

Your Hearing? _____ Hearing Aid ASL _____

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How do you handle the following?

Routine medications	By yourself	Assisted	Provided by others
Your finances	By yourself	Assisted	Provided by others
Housecleaning:	By yourself	Assisted	Provided by others
Meals	By yourself	Assisted	Provided by others
Getting dressed	By yourself	Assisted	Provided by others
Shopping; groceries, etc.	By yourself	Assisted	Provided by others
Personal Care	By yourself	Assisted	Provided by others

What personal attendants (including family members) do you use?

Personal Care Aide

Cooking Cleaning Medical Other _____

Describe how many attendants and how often? (Daily, weekly?) _____

What is your current work or school schedule? _____

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

No Yes If so, how are they disabled and what are their limitations?

Please describe your home and yard.

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Is your yard fenced? No Yes

What pets do you have now? Describe type and age.

Veterinarian's name and phone number.

What dogs have you had before? Describe what kind and how old you were.

You can email your completed application to Lorraine Greenwell at lgreenwell@bridgesrc.org or you can drop it off at the BRiDGES office located at;
873 Route 45
Suite 108
New City, NY 10956